APPLICATION FORM

Applicant Photo

FOR REGISTRATION OF UNORGANIZED WORKER

1. Full Name and address of the Unorganized Worker

Name:_____

(Surname, First and Second Name)

Address:_____

_____

2. Name of the Head of the family : _____

3. Father's/Husband's Name   : _____

4. Permanent address   : _____

_____

5. Name of the District   : _____

6. Name of the Taluka   : _____

7. Name of Village/Area/City   : _____

8. City Ward No.   : _____

➢ Date of the Birth and Age   : Date:_____ Years:_____

➢ Caste - Schedule Caste/Tribe/
OBC/Others (Please Specify) : SC/ST/OBC/Other -_____

➢ Nationality   : _____

● 12. Sex (Gender)   : Male/Female _____

13. Education   : _____

● 14. Do you have BPL card?   : Yes / No

If yes, BPL card number   : BPL Card No.: _____

(Copy of BPL card to be enclosed)

15 Ration Card No.   : _____

● 16. Do you have Aadhar Card?   : Yes / No.

If Yes, give details;   Aadhar Card No.:_____

EID No.:_____

● 17. Do you have Voter ID Card? : Yes / No

If Yes, Give EPIC No.   EPIC No.:_____

● 18. MGNREGA Job Card No.   : _____

19. Bank Account No.   : _____
    Name of the Bank & Branch : _____
                               _____IFSC :_____

20. Name of present employer   : Name: _____
    and address   : _____
                               _____

● 21. Occupation and Since how   : Occupation: _____Code:_____
    many years are you working in _____
    this occupation?   : Years : _____

22. Are you permanent/Contract/
    Self-employed/Wage Worker/ : _____
    Casual/ Domestic/Piece rated
    or Migrant Worker?

23. Others, as specified under the : _____
    Unorganized Workers Social
    Security Act, 2008.
24. Income - daily/monthly   : Rs._____(If, it is less than Rs.1.20
                                 Lakh Self Certificate may be attached).

25. Dependent on applicant   Name   Aadhar Card No.
    (a) Father   : _____
    (b) Mother   : _____
    (C) Children   : _____
    (d) Others   : _____

● 26. Whether covered under the PF Act   :   Yes/No.

● 27. Whether covered under the ESIC Act   :   Yes/No.

I have been explained fully above details by a competent officer and I give my
consent for using the demographic data of my Aadhar for this purpose.

Place: _____   _____
                                      (Name:.................................)
                                      Signature or thumb impression
                                      of Applicant with Name
Date: _____

➢ **NOTE: THE COLUMS MARKED AS " ● " ARE MANDETARY.**

Total 3 Photographs of the Applicant is to be provided.