

## Application for claiming of "Fatal Accident Relief"/ Disability Relief for Un Regd. Construction wokers



1. Name of the Construction worker : .....
- a) S/o, W/o : .....
- b) Age : .....
- c) Address : .....
- d) Phone No. : .....
- e) Caste : SC / ST / BC / Minority / others
2. Place & Address of the Accident : .....
3. Name of the Building / Apartment : .....
4. Name of the Employer of the Building: .....
- Address : .....
5. Cause of the Accident : .....
6. Name & date of the authority issued FIR Copy : .....
- A) FATAL ACCIDENT
7. Date of Death : .....
8. Name & date of the authority issued postmortum report : .....
9. Name & date of the authority issued : .....
- Death Certificate
10. Name of the person applied for the benifit of the scheme : .....
- a) Age b) Address c) Phone No. : .....
- d) Caste : SC / ST / BC / Minority / others
11. Relationship with the deceased worker : .....
12. Name of the family members of the deceased worker : .....
- B) DISABILITY
13. Percentage of disability : .....
14. Name & date of authority issued medical certificate : .....
15. Bank Account No. : .....
- a) Name of the Bank with branch : .....
- b) IFSC Code No
- Date :
- Station :

**Documents submitted :**

- 1) Ration card of the applicant 2) Adhaar card of the applicant  
 3) Advance stamped receipt 4) 1st page of Bank Pass Book  
**Fatal Accident :** 1) Death Certificate 2) FIR Copy 3) Postmortam report  
**Disability :** 1) FIR Copy, 2) Disability certificate

**Signature / Thumb impression  
of the Applicant**