

Application for Claiming of Disability relief under BOCW Act.

Registration No. of the worker with date :

ALO Circle No. :

Renewed upto :

Challan No. Date & Amount :



1. Name of the Construction Worker (Applicant) :

a) Age :

b) Address :

c) Phone No. :

d) Caste : SC / ST / BC / Minority / others

2. Date of Accident :

3. Place & Address of the accident :

4. Cause of Accident :

5. Name & Date of authority issued FIR copy :

6. Name & date of the authority issued disability certificate :

a) Percentage of disability :

7. Bank Account No. :

a) Name of the Bank with branch :

b) IFSC Code No

Date :

Station :

**Signature / Thumb impression
of the Applicant**

Documents submitted :

- 1) Regn. card under BOCW Act (Attested copy)
- 2) Renewal Challan Copy
- 3) Disability Certificate (Attested copy)
- 4) Advance stamped receipt
- 5) 1st page of Bank Pass Book (Attested copy)