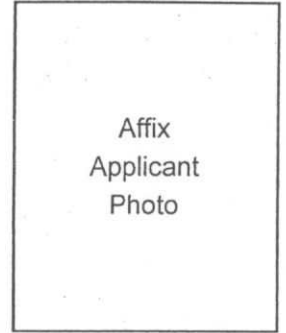


Hospitalisation Rel

Application for Claiming of Distress relief
(Loss of earnings during medical treatment)
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) :

2. Address / . :

a) Age :

b) Phone No. :

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

3. Date of Accident :

4. Place & Address of the Accident :

5. Cause of Accident :

6. Name & address of the Hospital admitted :

7. No of days stayed in the hospital :

b) Date of discharge :

8. Name & date of authority issued FIR Copy :

9. Name & Date of the authority issued medical certificate :

10. 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) Admission card of Hospital
- 4) Doctor certificate / Medical certificate
- 5) Advance stamped Receipt
- 6) 1st page of Bank Pass Book (Attested copy)