

**Application for Sanction of “Artificial Limbs/
wheel chair/ tricycle/ and fabricated appliances” for the
Construction workers under BOCW Act .**



Registration No. of the worker with date :

ALO Circle :

Renewed upto :

Challan No., Date & Amount :

1. Name of the Construction Worker (Applicant) :

a) Address :

b) Phone No. :

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

2. Date of Accident :

3. Place and address of the Accident :

4. Cause of Accident :

5. Name & Address of the Hospital admitted :

6) Name & Date of the Authority issued :

Medical certificate :

7. Required appliances of Artificial limbs/ Wheel Chair/ Tricycle :

8. Bank Account No. :

a) Name of the Bank with branch :

b) IFSC Code No

Date :

Station :

Documents submitted :

- 1) Regn. card under BOCW Act (Attested copy)
- 2) Renewal Challan Copy
- 3) Doctor certificate / Medical certificate

**Signature / Thumb impression
of the Applicant**