

FORM

APPLICATION FOR CHRONIC DISEASES ASSISTANCE

The Assistant Labour Commissioner,
..... district.

1. Name of the registered manual worker /Parentage/address with PIN CODE.	Name	
	Parentage	
	Address	
2. Registration Number and date of initial registration.		
3. Name of the Bank with Bank Account No. (16-Digit only)		
4. Mobile No.		
5. Name of the disease		
6. Name of the Hospital/Nursing Home with complete address and phone number.		
7. Period of the Hospital/Nursing Home with complete address and phone number.		
8. Period of stay in the hospital. Discharge certificate from hospital should be enclosed.	From	to
9. Whether the applicant is referred from Govt. Hospital	Yes _____ No _____ (Please tick mark)	
10. If yes, the certificate from Govt. Hospital for referral should be enclosed.	Yes _____ No _____ (Please tick mark)	
11. Hospital charges	Rs.	
12. Expenditures on medicines. The original vouchers duly attested by the H.O.D of the concerned department should be enclosed.	Rs.	
13. Expenditures on different tests. The original vouchers duly attested by the H.O.D of the concerned department should be enclosed.	Rs.	
14. Whether the applicant has sought any assistance for sale disease from the J&K BOCWWB, if yes furnish details		

Mobile No: _____

Phone No: _____

Signature of the
Registered manual worker

DECLARATION BY THE APPLICANT

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any information given above is ultimately found to be false, I will refund the amount received as assistance and I shall be personally liable for legal implications thereof. I further declare that I have not availed any similar assistance from any other Welfare Board or Boards constituted by the Government of Jammu & Kashmir or Government of India.

Place: _____

Dated: _____

**Signature of the
Registered manual worker**

CERTIFICATE FROM THE H.O.D OF THE CONCERNED DEPARTMENT

I hereby certify that:- Sh/Smt. _____
S/o, D/o _____ R/o _____
is suffering from _____ (name of
the disease) and the information furnished by the applicant is correct.

**SEAL & SIGNATURE OF THE H.O.D.
CONCERNED DEPARTMENT**

**Affix passport size
photograph duly
attested by the H.O.D.
of the concerned
department.**

FOR OFFICE USE

After thorough examination of the application of the applicant with respect to the records available with this office following observations were made:-

1. That the applicant is a registered manual worker under Regd. No. _____ Dt. _____.
2. That the applicant has already availed chronic disease assistance for an amount of Rs. _____ for the year _____ hence he is not entitled again for the year _____ for same purpose.
3. That the applicant has not availed chronic disease assistance till date hence entitled for assistance for the year.
4. That the applicant has submitted a judicial affidavit duly attested by the _____ Magistrate to the extent that the applicant has nor sought same assistance from any other Registering office or any Welfare Board neither he shall claim for same except R.O. _____.

**In charge.
B.C. Section**

VERIFICATION

I after due verification and found that the applicant is registered manual worker under registration No. _____ Dated: _____ besides. I have verified the vouchers and allied documents from the concerned authorities.

Labour Officer/Labour Inspector

**CEO/Secretary,
J&K BOCWWB, Jammu/Srinagar**

No: _____

Dated: _____

RECOMMENDATION

After due verification conducted by the Labour Officer/Labour Inspector _____/undersigned and other allied supporting documents annexed with this application I hereby recommend the Application for sanction of Chronic disease assistance to the tune of Rs. _____ (Rupees _____).

Assistant Labour Commissioner,

AFFIDAVIT.

I _____ S/o _____

R/o _____

do hereby solemnly affirm on oath as under:-

1. That the applicant is registered beneficiary with Building and Other Construction Workers Welfare Board (Registering Officer, District _____) under registration No: _____ Dated: _____.
2. That the applicant is nor registered with any other Registering Officer except in district _____ as above neither with any Welfare Board in J&K or in Govt. of India.
3. That the applicant shall not claim for the same in other districts (Registering Officers).
4. That the applicant was working as _____ since _____ and I was physically fit for performing my work.
5. That after registration in the J&K Building and Other Construction Workers Welfare Board I involved in the _____ (name of the disease).
6. That I solicit this affidavit for chronic disease assistance before the Building and Other Construction Workers Welfare Board.
7. That the applicant is nor working in any Govt./Semi-Govt. neither running any business.
8. That if any time it is proved that the I am not Building and Other Construction Worker/the application for chronic disease assistance is ultimately found false I am personally responsible for legal implication thereof and I will refund the amount received as Chronic disease assistance from the Board along with interest applicable in Scheduled Banks.

Deponent.

Verification:-

Verified that the contents above in this affidavit is correct to the best of my knowledge and belief and nothing concealed thereof.

Deponent.

Note:- Affidavit should be attested by Ist Class Judicial Magistrate.