

## APPLICATION FOR TREATMENT OF MINE/BEEDI WORKERS SUFFERING FROM CANCER.

To

The Welfare Commissioner,  
Labour Welfare Organisation, Bhubaneswar

1. Name in full of the worker :
2. Name and address in full of the mine/beedi establishment. :
3. Name of the patient :
4. Age and relationship with the worker. :
5. Date of his/her employment and the total continuous service. :
6. Designation or the nature of his her employment. :
7. His/her monthly salary/wages (excluding bonus). :
8. The hospital where treatment is sought. :
9. Whether the applicant/ dependent had undergone treatment for cancer previously? If so, mention the duration of the treatment. :

Signature:

Date: Thumb impression (Name in Block Letter)

**ATTESTATION BY THE MANAGER OWNER OF THE MINE/BEEDI/CINE ESTABLISHMENT**

Certified that Shri/Smt./Kum. .... is employed in this mine/beedi establishment as ..... continuously w.e.f. .... and information furnished by him/her above is correct to the best of my knowledge and belief.

Place :  
Date :Signature:  
Designation with SealSeal of the management/  
beedi establishment.

**CERTIFICATE BY THE MEDICAL OFFICER OF THIS ORGANISATION.**

Certified that Shri/Smt./Kum. .... Employed in  
 .....and those signature/thumb impression is given  
 hereunder was examined by me on .....and found to be suffering from Cancer.  
 According to my opinion, his/her admission/treatment in a recognised cancer hospital is absolutely necessary for  
 a period of .....months. He/She is, therefore, referred to  
 .....(Name of the hospital to be furnished).

**OR**

Certified that Shri/Smt./Kum. .... Wife / Son /  
 Daughter/Father/Mother of.....employed in .....and whose signature/thumb  
 impression is given hereunder was examined by me on .....and found to be suffering  
 from Cancer. According to my opinion, his/her admission/treatment in a recognised cancer hospital is absolutely  
 necessary for a period of .....months. He/she is, therefore, referred to ..... (Name of  
 the Cancer hospital to be furnished).

Date:.....

Signature:  
 Name and designation  
 Seal.

**APPLICATION FOR CLAIMING REIMBURSEMENT OF EXPENDITURE  
TREATMENT OF CANCER.**

To

**The Welfare Commissioner,  
Labour Welfare Organisation, Bhubaneswar**

Sir,

I hereby apply for reimbursement of expenditure for treatment of cancer. /my/wife/son/daughter/father/mother have/has undergone treatment for cancer in \_\_\_\_\_ name of the hospital where the treatment have been mention the taken.

1. Name of the applicant in full :  
(In Block letter)
2. Date of birth and age :
3. Full address of the applicant :
4. Name of the patient :
5. Age and relationship with the :  
worker.
6. Name and address of the mine :  
management/beedi establishment  
in which he/she is employed.
7. Date of continuous employment :  
in the mine/beedi establishment/  
showing the total continuous service.
8. Is the applicant's wife or husband :  
employed in the mine/beedi estab-  
lishment. Give details.
9. Full address of the hospital were :  
the applicant/dependant has undergone  
treatment for cancer.
10. Please quote reference number and :  
date of the Welfare commissioner  
in which he/she permitted to undergo  
treatment in the above hospital.
11. Amount claimed as subsistence :  
allowance showing the duration  
of the claim.
12. Amount actually incurred/claimed :  
by the applicant for medicines. Furnish  
the details with supporting vouchers/ bills etc.

13. Amount actually incurred/claimed by :  
the applicant on diet, furnish details  
with supporting bills, etc.

14. Amount claimed as bus/train charges :

15. Amount claimed as D.A. :

I hereby declare that the particulars furnished above are correct to the best of my knowledge and belief. If any of the particulars are found to be incorrect, I realise that I will be liable for suitable action apart from refund of financial assistance received by me.

Signature of the applicant  
or Thumb impression  
(Name in Block letters).

Place:-

Date :-

**CERTIFICATE BY THE SUPERINTENDENT OF THE RECOGNISED CANCER HOSPITAL.**

Certified that Shri/Smt./Kum. \_\_\_\_\_ who is employed as  
\_\_\_\_\_ in the Mine/Beedi Establishment of \_\_\_\_\_ has undergone treatment  
in this hospital as in patient/out patient for cancer with effect from \_\_\_\_\_ to \_\_\_\_\_.

Signature of the Medical Officer  
of the hospital.  
Designation and seal.

**CERTIFICATE OF THE MANAGEMENT**

Certificate that Shri/Smt./Kum. \_\_\_\_\_ is employed in this  
mine/beedi establishment /Cine Industry as (mention designation) and that his/her wage is \_\_\_\_\_  
\_\_\_\_\_ per month.

Certified that Shri/Smt./Kum. \_\_\_\_\_ is working in this mine/beedi/Cine  
establishment since \_\_\_\_\_.

Certified that no wage has been paid to Shri/Smt./Kum. \_\_\_\_\_ for the  
period of his/her treatment from \_\_\_\_\_ to \_\_\_\_\_.

Signature:  
Designation with Seal: