

**APPLICATION FORM FOR SEEKING FINANCIAL ASSISTANCE FOR MARRIAGE OF  
DAUGHTER BY WIDOW/WIDOWER OF BEEDI/MINE/CINE WORKER.**

To,  
The Welfare Commissioner,  
Labour Welfare Organisation, Bhubaneswar

1.	Name of the applicant.	:	
2.	Name of the deceased worker or otherwise and her relationship with the applicant.	:	
3.	Name of the daughter for whose marriage assistance is sought.	:	
4.	Name of the employer/establishment where the beedi/mine/cine worker was working at the time of his death	:	
5.	Date of joining the establishment.	:	
6.	Date of death of the worker.	:	

7. Details of family members of the deceased beedi/mine/cine worker  
(enclose copy of Identity Card/B register as proof)

Sl.No.	Name	Relationship with worker.	Date of birth/Age.

8.	Name and address of bridegroom	:	
9.	Date of marriage (enclose copy of invitation card)	:	

**Declaration :** I solemnly declare that the above particulars are correct to the best of my knowledge and belief and in the event of any of the above statements found incorrect, I will return the full amount of financial assistance to the Welfare Commissioner.

Date :

Signature of applicant.

**PART- "B"**

This is to certify that Smt./Shri ..... W/o or S/o  
..... Identity Card No./BR No.  
..... At ....., P.O..... Dist..... is  
covered under the scheme for financial assistance of Rs. 5000/- to the widow/widower beedi/mine/cine workers  
on consequent of marriage of her/his daughter Ku ..... with Shri ..... At  
..... P.O ..... Dist ..... as per the records submitted  
to the undersigned. Hence a sum of Rs. 5000/- may kindly be paid to Smt/Shri .....

**Signature with seal  
Beedi/Cine/Mine Management**

**Certificate of the M.O.**

It is certified that the deceased Beedi worker was issued Identity Card by this medical unit & this is, claimants 1st/2nd daughter, for whose marriage, the financial assistance is applied for.

Date :

Seal & Sign of M.O.