

**APPLICATION FOR GRANT OF FINANCIAL ASSISTANCE TOWARDS FUNERAL CEREMONY  
OF DECEASES BEEDI / MINE / CINE WORKERS.**

To

**The Welfare Commissioner  
Labour Welfare Organisation  
Bhubaneswar**

**(Applicable for workers identified at least 6 months prior to death)**

1.	Name of the deceased Beedi/Mine/Cine Worker.	
2.	Identity Card No. / B.R. No. (B.R. no is applicable in case of mine workers)	
3.	Date of Issue of ID card / Date of Appointment.	
4.	Address of the deceased Beedi/Mine/Cine Worker.	
5.	Name & Address of the claimant.	
6.	Relation of claimant with deceased.	
7.	Date of Death	
	Reason of death	
8.	Documents in support of death.	

N.B.: - Copy of death certificate / certificate of local authority & attested copy of ID card is essential.

Date :

**Signature/LTI/RTI of  
Claimant to be done in  
presence of MO of LWO**

Place.

**Certificate of Employer in case of "Mine Worker"**

The deceased worker Shri/Smt ..... was a Mines worker and he/she had been working for my establishment since..... having B.R. no.....

**Signature  
of Employer with Seal**

**Certificate of Sarapanch / Ward Member etc. in case of "Beedi Workers" & "Cine Workers"**

The deceased worker Shri/Smt ..... is  
a bonafide beedi/mines/cine worker and he/she died on ..... as verified through  
..... (personal knowledge/hospital record from villages). He/She is a permanent resident  
Vill ..... P.O ..... P.S. .... Dist  
..... the clamant is the legal heir of the deceased worker and he/she shall bear the  
expenditure of funeral ceremony of the deceased worker.

**Signature  
Name of G.P. with Seal**

**Certificate of M.O. of Labour Welfare Organisation**

**(Essential for Beedi & Cine Workers)**

The genuineness of the I. Card is verified. The name of the deceased worker is struck off from the  
I. Card Register. The Xerox copy of the I.Card being attested by me is forwarded for the scheme benefit. Original  
Card has been retained in medical unit which shall be sent to office of Welfare & Cess Commissioner, Bhubaneswar  
along with G.I.S. claim. The date of death of the deceased worker Late Shri / Smt .....  
..... I.Card No. .... is confirmed.

Place :

**Signature & Seal of MO/SMO/CMO  
of Medical Unit, Labour Welfare Organisation**

Date :