

**APPLICATION FOR GRANT OF SUBSISTENCE ALLOWANCE FROM THE  
LABOUR WELFARE ORGANISATION UNDER THE SCHEME FOR FINANCIAL  
ASSISTANCE TO MINE AND BEEDI WORKERS SUFFERING FROM HEART DISEASE**

To,  
The Welfare Commissioner,  
Labour Welfare Organisation,  
Bhubaneswar

Sir,

I hereby apply for financial benefits under the scheme for financial assistance to mine and beedi workers

for ..... I have undergone treatment for .....

in..... (mentioned the name of the hospital where the treatment has been taken). I furnish

my particulars as under :-

1. Name of the Applicant in full  
(In Block Letters)
2. Date of Birth :
3. Full Postal/ residential address  
of the applicant
4. Full address of the hospital where  
the applicant has undergone treatment
5. The reference no and the date of the letter  
from Welfare Commissioner Permitting  
him/her to undergo treatment in the  
above hospital.
6. Amount actually incurred by the Applicant  
for treatment (furnish the details with  
supporting bills etc.  
Each bill has to be countersigned by  
the hospital authorities with seal  
and full signature)
  - (a) Hospital Charges including diet etc. : Rs.
  - (b) Expenses for pre and post operation : Rs.
  - Check ups
  - (c) Charges for heart valve etc. which were  
required to be purchased from hospital/  
market (prescription slips to be enclosed)

Total : Rs.

7. Amount claimed as bus/No. of Mode of travel Amount

train charges. Persons

a) Date of outward journey :

b) Date of inward journey :

I hereby declare that the particulars furnished above are correct. 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, if any received by me.

Signature of the Mine/Beedi/Cine worker

Place :

Date :

**CERTIFICATE BY THE MANAGEMENT**

It is certified that Shri/Smt/Kum.....is employed in this mine/Beedi/Cine Establishment by me as .....(mention designation) and that his/her wage is .....P.M.

It is certified that no wages have been paid to Sri/Smt/Kum ..... for the period of his/her treatment from..... to.....

His/her Identity Card/'B' Reg. No. is.....

Signature  
Designation  
Name & address of the  
Beedi/Mine/Cine management

Date :

**CERTIFICATE OF THE SUPERINTENDENT OF THE HOSPITAL**

Certified that Shri/Smt/Kum .....who is employed as..... in the Mine Beedi establishment of M.S. .... has undergone treatment for.....in this hospital.

He/She was admitted in the hospital for the said purpose from.....to..... and was discharged on .....He/She needs rest for .....day w.e.f.....

Signature of the  
Superintendent of  
Hospital  
Name  
Address

Place :

**APPLICATION FORM FOR PERMISSION TO GET FINANCIAL ASSISTANCE FROM LABOUR WELFARE ORGANISATION FOR HEART SURGERY OR ALLIED TREATMENT**

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

Sir,

I hereby apply for financial assistance for undergoing Heart Surgery / allied treatment in .....

..... (Name of the hospital where the treatment has been recommended by the Medical Officer,

Labour Welfare Organisation) of my own/my ..... In this connection, I submit my particulars as

under -

1. Name of the Applicant in full :  
(In Block Letters)
2. Name and address in full of the :  
Mine/Beedi establishment/Beedi  
Contractor /Agent.
3. Name of the Patient :
4. Age and relation with the worker :
5. The date of his/her employment :  
and total continuous service.
6. Designation or the nature of his/her :  
employment.
7. His/Her monthly salary/wages :  
excluding bonus)
8. (a) Identity Card No. in case of Beedi /Cine Workers.  
  
(b) "B" Register No. in case of Mine Worker.

**Signature of Mine/Beedi worker / Cine worker  
 Name :**

**Place :  
 Date :**

**CERTIFICATE OF THE MINE /OWNER IN CASE OF MINE WORKER, BY OWNER OF ESTABLISHMENT  
/ CONTRACTOR /AGENT IN CASE OF BEEDI WORKER & BY PRODUCER & OWNER OF THE  
FILM INDUSTRY IN CASE OF CINE WORKER**

It is certified that Shri/Smt/Kum \_\_\_\_\_

is employed in this mine/Beedi/ Establishment / Film Industry by me as \_\_\_\_\_

\_\_\_\_\_ continuously with effect from \_\_\_\_\_ till date

and information furnished by him/her at pre page are correct.

**Signature  
Designation  
Name & Address of the Mine/Beedi  
Management/Contractor / Producer / owner of film industry  
Date :  
Seal of the Mine / Beedi Establishment**

**CERTIFICATE OF THE MEDICAL OFFICER OF THE LWO**

Certified that I have carefully examined Shri / Smt / Kumari \_\_\_\_\_

on Dt \_\_\_\_\_ and found him/her suffering from \_\_\_\_\_

disease, which comes under Heart disease. In my opinion, his/her admission in the \_\_\_\_\_

hospital, which is recognised by the Govt. of \_\_\_\_\_ which is absolutely

necessary for Heart disease and allied treatment.

His/her Identity Card No. is \_\_\_\_\_ Issued on "B" Register No.

is \_\_\_\_\_

Dated :

**Signature :  
Name :  
Designation :  
Name of the Dispensary /Hospital**