

# APPLICATION OF BEEDI WORKER FOR AVAILING FACILITY UNDER HOLIDAY HOME SCHEME

(All the columns should be filled up correctly, no column should be left blank)

To

The Welfare Commissioner  
Labour Welfare Organisation  
Bhubaneswar

Name of the applicant :  Sex  Age

Permanent Address- At :  P.O.  Via  Dist

Identity Card No.  Issued by:  Date of Last visit to Holiday Home.

Monthly Income  Name of Father / Husband  Length of Employment. as per ID card of this dept.  Year/Month

Name and Address of present Establishment/ Employed.	Name :	Proposed date of visit to Holiday Home	Alternative Date of Visit (Incase no accomodation is available on the proposed date.
	At :		
	Post :		
	Via :		
	Dist. :		

Certified that I will abide by the Rules & Regulations of Holiday Home, Puri. The particulars given above are true to the best of my knowledge. In case the information given above are proved to be false, I shall refund the amount paid to me and I shall be debarred from availing the benefit for next three years.

Date :

Signature of the Beedi Worker.

## CERTIFICATE OF MANAGEMENT / AGENT / CONTRACTOR OF THE BEEDI ESTABLISHMENT.

Certified that the above applicant is presently working as Beedi Worker in our Establishment since last \_\_\_\_\_ years \_\_\_\_\_ months. He/She gets Rs. \_\_\_\_\_/- (excluding bonus) per month. Particulars given above are true to the best of my knowledge.

Date :

Seal

Signature of the Owner / Agent / Contractor and address

## RECOMMENDATION OF THE MEDICAL OFFICER

Forwarded to Welfare & Cess Commissioner, Labour Welfare Organisation, Plot. No. No. 7/6 & 7 (Behind ISKCON TEMPLE), Nayapalli- 751015, Bhubaneswar with recommendation to consider the application favourably.

No. \_\_\_\_\_ Date : \_\_\_\_\_

Signature of the Medical Officer