

10. Amount claimed as bus/train charges	Mode of travel	No. of persons	Amount
(a) Date of outward Journey :			
(b) Date of inward Journey :			
(Submit along with journey tickets / documents)			

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

Signature of the Mine/Beedi worker
Place :
Date :

CERTIFICATE BY THE MANAGEMENT

It is certified that Shri/Smt./Kum/ is employed in this mine/
beedi establishment/Cine industry by me as (mention designation) and that
his/her wage is p.m.

It is certified that no wage have been paid to Shri/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 management

CERTIFICATE OF THE SUPERINTENDENT OF THE HOSPITAL

Certified that Shri/Smt./Kum who
is employed as in mine/beedi establishment of
M/s has undergone Kidney transplantation
and treatment/allied treatment 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 days w.e.f.

Signature of the Superintendent of Hospital
Name
Address
Place :

APPLICATION FOR GRANT OF FINANCIAL ASSISTANCE FROM THE LABOUR WELFARE ORGANISATION UNDER THE SCHEME FOR FINANCIAL ASSISTANCE TO MINE AND BEEDI WORKERS FOR KIDNEY TRANSPLANTATION ETC.

To

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

Sir,

I hereby apply for substance allowance and other financial benefits under the scheme for financial assistance to mine and beedi workers for Kidney Transplantation. I myself/my have undergone treatment for in (mention name

of the hospital where the treatment has been taken). I furnish my particulars as under :-

1. Name of the Applicant in full :
2. Date of birth/Age :
3. Name of the Patient :
4. Age and relation with the worker :
5. Full postal/residential address of the applicant. :
6. Full address of the hospital where the applicant has undergone treatment :
7. The reference No. and date of the letter from Welfare Commissioner permitting him/her to undergo treatment in the above hospital. :
8. Source of receipt of Kidney Name and full address of the Donor :
9. 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) Kidney charges (Donor's) : Rs.

(b) Hospital charges including diet etc. : Rs.

(c) Charges for Dialysis : Rs.

(d) Expenses for pre and post operation : Rs.

(e) Pathological tests : Rs.

Total Rs.