

**APPLICATION FOR PAYMENT OF LUMP-SUM GRANT TO FEMALE BEEDI WORKER  
UNDER THE MATERNITY BENEFIT SCHEME.**

To,  
The Welfare Commissioner,  
Labour Welfare Organisation,  
Bhubaneswar

Name of the Applicant.  Age  Identity Card No.

Husband's Name.  Address

Date of Delivery

New Born Child Name.

At .....

P.O.....

Via .....

Dist .....

Sex of Child  Male  Female No. of Living Children  Benefit Claim for  1st Time  
(Put Tick Mark)  2nd Time

Employer's Name & Name ..... Regd. No. ....

Address At ..... P.O .....  
Via ..... Dist .....

It is requested that the lump sum grant of Rs. 1000/- may kindly be sanctioned to me. I undertake that I shall refund the said amount, if it is proved that it is a false claim. I enclose herewith (1) Photo copy of Birth Certificate of the child born, (2) Photo copy of the Identity Card, (3) Certificate of Sarapanch regarding number of living children.

Date ..... Signature of the Applicant.

**Employment Certificate**

This is to certify that Smt .....  
W/o Sri ..... is a Beedi Worker. She is employed as on  
date has been engaged in Beedi making for last ..... year (s) and ..... month (s).

Date : Seal with Signature of the Employer.

**Recommendation of Medical Officer**

This is to Certify that Smt ..... W/o .....  
is availing of the maternity benefit for the 1st/2nd delivery. Her Identity Card has been verified and the particular of the newborn baby have been recorded. The application is forwarded to Welfare & Cess Commissioner, Bhubaneswar for according necessary sanction please.

No ..... dated ..... Seal with Signature of Medical Officer.