

**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.