

**APPLICATION FORM FOR PAYMENT OF MONETARY COMPENSATION OF STERILISATION**

1. Name of the applicant : Shri/Smt \_\_\_\_\_
2. Wife/Husband of Address : Shri/Smt. \_\_\_\_\_
3. Identity Card No. : \_\_\_\_\_
4. No. of living children of the applicant : \_\_\_\_\_
5. Date of sterilization : \_\_\_\_\_
6. Name of Medical Institution where sterilisation operation was conducted. : \_\_\_\_\_

(I) It is requested that Monetary Compensation of Rs. 500/- (Rupees Five hundred) only may be sanctioned to me for having undergone sterilization operation at \_\_\_\_\_

(Name of the Medical Institution)

(II) A certificate issued by the aforesaid medical institution is enclosed herewith.

(III) I undertake that I shall refund the said compensation if at any stage it is proved that it is false claim.

Date : \_\_\_\_\_

Signature/Thumb impression of  
the Applicant/Beedi Workers

Counter signed by employer

**CERTIFICATE OF SARAPANCH**

It is certified that Sri/Smt \_\_\_\_\_

Son / daughter / wife / husband of \_\_\_\_\_

of village \_\_\_\_\_ is known to me. He has undergone vasectomy / tubectomy operation, as per my knowledge & He/she does not have more than two living children.

Name of the Panchayat :

Name of the Sarapanch :  
Signature with seal

**TREATING DOCTORS CERTIFICATE**

PART- B

This is to certify that Shri/Smt ..... husband/  
wife of ..... whose signature / LTI is appended below has  
undergone steriliation operation successfully on ..... at .....  
(Name of the Medical Institution)

I recommend that monetary compensation of Rs. 500/- (Rupees Five hundred) may please be paid to him/her from the Beedi workers welfare fund of the Labour Welfare Organisation.

Signature/LTI of  
Shri/Smt.

Signature :  
Name of the Doctor (Seal)

Counter signed by Medical Officer of LWO  
with Seal & Signature