



**MEGHALAYA BUILDING & OTHER CONSTRUCTION WORKERS  
WELFARE BOARD :: LOWER LACHUMIERE:: SHILLONG**  
Ph No.: 0364 2501224; Email : mbocwwb@ gmail.com

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**FORM NO. XL**

**(See Rule 284(2))**

**APPLICATION FOR DEATH BENEFIT**

1. (a). Name of the Applicant: \_\_\_\_\_  
(b). Address of the Applicant:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Relationship of the Applicant with the worker: \_\_\_\_\_
3. (a) Name of the Worker: \_\_\_\_\_  
(b) Address of the Worker: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Registration Number: \_\_\_\_\_
5. (a) Date of Birth: \_\_\_\_\_ (b) Age: \_\_\_\_\_
6. Worker whether married (yes/no): \_\_\_\_\_
7. Nature of Death (please provide details):  
\_\_\_\_\_  
\_\_\_\_\_
8. Amount of financial assistance applied for: \_\_\_\_\_

**DECLARATION**

**I hereby declare that the above statements are true and correct to the best of my knowledge and belief**

**Place:**

**Date:**

**Name & Signature of the applicant**

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**Documents to be attached along with this filled form:**

- 1. Death Certificate.**
- 2. Challan/Receipt of the Monthly Subscription paid.**
- 3. Nominee's Proof may be Voter ID, Licence or others**