



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

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FORM NO. XXXVII

[See Rule 281(2)]

APPLICATION FOR DISABILITY PENSION

1. Name of the Applicant: _____
2. Address: _____

3. (a).Date of birth: _____. (b). Age: _____.
4. Registration number: _____
5. Date of payment of 1st subscription: _____.
6. Amount of Payment of 1st subscription : _____.
7. Name of the bank and branch address:

_____.
8. Total amount of subscription: _____.
9. Details of disease/accident: _____.
10. Nature of disability due to Disease / accident: _____.
11. Date of admission to the hospital: _____
12. Date of discharge from the hospital : _____.
13. Whether the patient was in plaster?: (YES/NO)
14. If Yes, for how many days? _____ :
15. Details of benefits received if any before:

_____.
16. Details of benefits received if any from Government or any other institution for The above treatment:

_____.

The facts furnished above are true to my knowledge and information.

Place:

Date:

Signature of the Applicant.

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Documents to be attached along with this filled form:

- 1. Medical Death Certificate of The Beneficiary by Chief Medical Officer**
- 2. Amount spent for treatment (Should be supported by medical bills Countersigned by the doctor)**
- 3. Challan/Receipt of All of the Monthly Subscriptions paid.**
- 4. DMNHO Certificates.**