



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

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FORM NO. XXXIX

(See Rule 283)

APPLICATION FOR FUNERAL 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. Date of Registration: _____
 - 6. 1st Subscription**
 - (a) Date of Payment: _____
 - (b) Subscription amount: _____
 - (c) Bank's Branch Name: _____
 - 7. Last Subscription**
 - (d) Date of Payment: _____
 - (e) Subscription amount: _____
 - (f) Bank's Branch Name: _____
 8. Duration of Membership: _____
 9. Whether membership was live? _____
 10. (a) Date of the Worker's Death: _____
(b) Reason for Death: _____

 11. (a) Whether the applicant is the nominee of the worker? (yes/no): _____
(b) If not, whether the applicant has submitted dependence certificate. (yes/no) : _____
(c) Name of the Nominee: _____
(d) Date of Birth: _____ (e) Age: _____
(f) **if nominees are minor,**
 - (i) Name of the Guardian: _____
 - (ii) Relationship of the minor with the Children: _____
 - (g) Whether Consent letters from the other nominees submitted? (Where the No. of nominees is more than one): _____
(h) Whether Certificate of guardianship submitted by the minor children (yes/no): _____
12. Amount of benefit, 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**