



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

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FORM NO. XXXIII
(See Rule 277)
APPLICATION FOR MATERNITY BENEFIT

1. Name of the Applicant: _____
2. Address: _____
3. (a). Date of Birth: _____ (b). Age: _____
4. Husband's Name: _____
5. Date of Confinement: _____
6. Have you applied for this benefit earlier?(YES/NO): _____
(a). If YES, how many times and give details:

7. Date of registration: _____.

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

Place:

Date:

Name & Signature of the applicant

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Documents to be attached along with this filled form:

- 1. Medical Certificate from the Doctor concern with proper Signature and Claim**
- 2. Challans of Bills (Received/Used in the Hospital) during the Stay**
- 3. Challans/Receipts of the Last Monthly Subscription.**