



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

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FORM NO. XXXIV
[See Rule 279(1)]
APPLICATION FOR PENSION

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

3. Registration number: _____.
4. Date of Completion of 60 years: _____.
5. Date of payment of 1st subscription: _____.
6. Amount of Payment of 1st subscription: _____.
7. Name of the bank: _____.
8. Default if any and reasons thereof: _____
_____.
9. Date of payment of last subscription: _____.
10. Amount of payment of last subscription: _____.
11. Address to which pension is to be sent:

_____.

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. Current ID Card of the Beneficiary.**
- 2. Challan /Receipt of the Last Monthly Subscription paid.**
- 3. Active Pass Book**