



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

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FORM NO. XLVI

(See Rule 290)

APPLICATION FOR FAMILY PENSION

1. (a) Name of the Applicant: _____
(b) Address of the Applicant:

2. (a) Name of the Pensioner/Worker: _____
(b) Registration No. of the Pensioner/Worker: _____
(d) Date of Birth: _____ (e) Age: _____
(f) Address of the Pensioner/Worker:

3. Relationship with the worker: _____
4. Date of Death of the worker: _____
5. Monthly pension received by the worker: _____

6. Whether applicant is receiving salary from Government/Semi- Government /Private Organization? (yes/no): ____
7. If yes, please provide the details:

DECLARATION

The facts mentioned 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. Death Certificate of the worker**
- 2. Officer's Certificate showing relationship between the applicant and the worker**
- 3. Officer's Certificate stating that the applicant is not receiving any pension from the Government/ Semi-Government / Private Organization**
- 4. Officer's Certificate stating that the applicant is not receiving any salary from the Government/ Semi-Government / Private Organization**
- 5. Challan/Receipt of All of the Monthly Subscriptions paid.**