

Annexure – 1

Form No. – 1

**Kerala Abkari Workers Welfare Fund Board**  
**Pension Application Form for Abkari Workers**

*(Two copies must be submitted)*

1. Name of the applicant with full address and phone number }
2. Name of Father / Mother / Wife / Husband }
3. Applicant's registration number in the Welfare Fund }
4. Date of birth and age }  
*(The same document submitted with the registration form should be produced for age proof)*
5. District where the employee last worked }
6. Name and address of the establishment where the employee was employed }
7. Date of retirement from service }
8. Number and date of the retirement/resignation order }  
*(A certified copy of this order must be enclosed)*
9. Is the retirement order attested by the employer or the manager of the establishment? If not, mention the reason }
10. Total service up to the date of application: }
11. Total service after becoming a member of the Welfare Fund }
12. Is the retirement before the prescribed age limit? }  
If yes, mention the reason for inability to continue working  
*(A certificate from the District Medical Board in this regard should be enclosed.)*

I hereby declare that the above statements are true to the best of my knowledge and belief.

Place:

Date:

Signature of the applicant

**Note:** Two passport-size photographs must be enclosed with the application.