FORM No. 2

Application form for Registration

The Kerala Abkari Workers Welfare Fund Scheme 1990

(*See* sub para (2) in para (26)

1.	Name	:	
2.	Surname	:	
3.	Address	:	
4.	Whether belongs to Scheduled Caste/Scheduled Tribe	:	
5.	Father's Name	:	
6.	Marital Status (Whether married or unmarried or widow)	:	
7.	Date of birth	:	Day Month Year
8.	Name, address and Reg. No. of the establishment where working	:	
9.	Nature of work	:	
10.	E.S.I. No. /PF. No.	:	
11.	Name and Address of the employer	:	
12.	Total service on the date of application	:	

Signature of the worker

Certified that the particulars mentioned above are true to the best of my knowledge and belief.

Place:

Signature of the Employer.

Date:

Name/Name and Signature of the authorised person.