

FORM No. 10

APPLICATION FORM FOR FINANCIAL ASSISTANCE

The Kerala Abkari Workers' Welfare Fund Scheme, 1993

[See Sub para (1) in para 34]

1. Name of applicant :
2. Age and date of birth :
3. (a) Permanent address :
- (b) Present address :
4. Relationship with the employee :
5. Name and address of the employee :
6. Monthly income of the employee :
7. Whether the employee is married/not married :
8. Name and address of employer :
9. Reason for the application
(Full details of accident, death
etc., should be given)
10. Details of documents produced :
11. Amount of financial assistance
applied for :

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

Place:

Date:

Signature of the Applicant with
date

By order of the Government,

C. P. NAIR,
Commissioner and Secretary