FORM E

(See Para 6C (i) of the Scheme)

< APPLICATION BY THE DEPENDENT OF A DECEASED WORKER FOR REGISTRATION AS HEADLOAD WORKER IN

THE COMMITTEE

1. Name of Applicant
2. Name of Father
3. Date of birth
4. Completed age on the date of application
5. Address of the applicant
6. Present Address
7. Permanent Address
8. Name and Reg. No. of the deceased worker
9. Date of death of the worker (Enclose Certificate of proof received from the competent authority) (specify the documents enclosed)
10. Relationship of the applicant with deceased worker : (enclose such documents that may be specified by the Chief Executive of the Board in this behalf, specify the documents enclosed)
11. Whether the applicant is married or not :

I solemnly affirm that the particulars furnished above are true to the best of

my knowledge and belief and request that my name may be registered.

Place : Date :

Signature of applicant.