## FORM NO. XXXVII [See Rule 281 (2)] APPLICATION FOR DISABILITY PERSON

Vatine of the ambieant

Registration No.

Aye & Date of Birth

Details of other propert

Monthly Income

Nume & Address

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Whether the superv has different

Luber's Husband's Name

- 1. Name and Address of applicant
- 2. Age and date of Birth
- 3. Registration No

 Date of payment of 1<sup>st</sup> Subscription Amount & Name of Bank & Branch

- 5. Date of payment of 1<sup>st</sup> Subscription Amount & Name of Bank & Branch
- 6. Total amount of Subscription
- 7. Details of disease/accident

8. Nature of disability due to disease/accident

9. Details of treatment in Government Hospitals : Date of admission and date of discharge

- 10. Whether the patient was in plaster ? If so, for how many days ?
- 11. Amount spent for treatment (should be supported by medical bills Countersigned by the training doctor)
- 12. List of documents submitted
- 13. Details of benefits received if any before
- 14. Details of benefits received if any from : Government or any other institution for the Above treatment.

The above facts are true to my knowledge and information.

I/We confirm that the fineds will be used for the stated purpose only as

And Ewe will execute necessary Security Documents as per the Board's re

Place : Date :

Name & Signature of Applicant.

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