

SCHEME NO.

MEDICAL ASSISTANCE

The Board may sanction financial assistance to the beneficiaries who are hospitalized for five or more days due to accident or any disease. The financial assistance shall be 400 hundred rupees for the first five days and twenty rupees each for the remaining days, subject to a maximum one thousand rupees. This assistance shall also be given to the beneficiary met with accident and put in plaster at residence. If disability is resulted due to accident, the worker shall be eligible for a financial assistance up to a maximum of five thousand rupees depending upon the percentage of disability. The application in Form no. XLII or XLVI shall be submitted with such other documents as may be specified by the Board.

FORM-XLII
[See rule 285]

APPLICATION FOR MEDICAL BENEFIT

1. Name & address of applicant:
2. Age & date of Birth:
3. Registration No.:
4. Date of payment of first Subscription amount & name of bank:
5. Date of payment of last subscription amount, name of bank:
6. Total amount remitted:
7. Details regarding disease/surgery:
8. Disability if any, due to disease or surgery:
9. Period of treatment as patient in Government Hospital (Date of admission in the Hospital and date of discharge):
10. List of documents submitted:
11. Details of medical benefit received, if any before:

The facts mentioned above are true to my knowledge and information

Place: _____

Date: _____

Signature, name & address of applicant

FORM-XLVI

[See rule 285]

APPLICATION FOR EX-GRATIA MEDICAL ASSISTANCE FOR ACCIDENTS

1. Name & address of applicant:
2. Age & date of Birth:
3. Registration No.:
4. Date of payment & first Subscription amount, Challan no. & name of bank, branch:
5. Date of payment of last subscription amount, Challan no., amount, name of bank, branch:
6. Total amount of subscription:
7. Details regarding accident:
8. Nature of disability due to accident:
9. Whether treated in Government & date of discharge:
10. Whether applicant was in plaster?
If so, for how many days:
11. Details if documents submitted:
12. Financial assistance applied for:
13. Have you received any financial assistance for treatment before? If yes, give particulars:

The above facts are true to the best of my knowledge and information.

Place: _____

Date: _____

Name & Signature of the applicant