

**FORM- XLVI.**

[See rule 280]

**APPLICATION FOR EX- GRATIA MEDICAL ASSISTANCE FOR ACCIDENTS.**

1. Name and address of applicant.
2. Age and Date of Birth.
3. Registration No.
4. Date of payment of first subscription.  
Challan No. Amount, Name of Bank, branch.
5. Date of payment of last subscription, 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 Hospital? If so, date of admission and date of admission and date of discharge.
10. Whether the applicant was in plaster? If so, for how many days.
11. Details of 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:

**(Name and Signature of applicant)**

Date:

Endst. No. Shram (A) 4- 6/ 2007- BOCW Dated, Shimla- 171 002, the December, 2008.

Copy for information and necessary action to:-

1. All the Administrative Secretaries to the Government of Himachal Pradesh.
2. All the Head of Departments/ Deputy Commissioners in the Himachal Pradesh.
3. The Labour Commissioner- cum- Director of Employment, Himachal Pradesh Shimla- 171 001, w.r.t. letter no. 1- 2000 (Lab.) BCWA- III dt. 06/ 12/ 2008, with 01 spare copy.
4. The ALR- cum- Under Secretary (Law) to the Government of Himachal Pradesh.
5. Guard file.

Under Secretary (Labour & Employment) to the  
Government of Himachal Pradesh.

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