

**FORM - XXVII**

[See Rule 268 (4)]

**APPLICATION FOR REGISTRATION**

- |   |                          |   |                               |                  |
|---|--------------------------|---|-------------------------------|------------------|
| 1. Name   | Relationship with member | : | Age of applicant              | Registration No. |
| 2. Address  |                          | : |                               |                  |
| 3. Whether SC/ST  |                          | : | Yes/No                        |                  |
| 4. Name of Father   |                          | : |                               |                  |
| 5. Marital Status   |                          | : | (Married, unmarried or widow) |                  |
| 6. Date of Birth  |                          | : |                               |                  |
| 7. Name, address & registration No. of the establishment where the applicant is working |                          | : |                               |                  |
| 8. Nature of job/employment   |                          | : |                               |                  |
| 9. ESI/PF No.   |                          | : |                               |                  |
| 10. Name and address of employer  |                          | : |                               |                  |

11. Total service :  
12. Amount of registration fees :  
13. Number of date of receipt of the registration fees paid :  
14. If the applicant is already a member of any other Welfare Board, the name of such Boards and registration No. of the applicant :

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

Place :

Signature of applicant

Date :

Name and signature of employer

# FORM - XXVIII

[See Rule 268 (7)]

## NOMINATION FORM

I nominate the following person(s) as rightful dependants, to receive all the dues from the fund on my behalf in the event of my death, as rightful heirs to receive all benefits due to me.

Name and address of nominee/nominees	Relationship with member	Age of nominee	Amount to be given to each nominee
1	2	3	4

Place :

Date :

Name, Regn. No. and address of the worker