

**FORM NO – XLIII (SEE RULE 283)**  
**MIZORAM BUILDING & OTHER CONSTRUCTION WORKERS' WELFARE BOARD**  
**APPLICATION FOR MEDICAL ASSISTANCE**

<b>NAME OF APPLICANT</b>	
<b>ADDRESS</b>	
<b>DISTRICT</b>	
<b>PHONE NO</b>	
<b>REGISTRATION NO</b>	
<b>DATE OF REGISTRATION</b>	
<b>DATE OF WORKERS I.D. CARD VALIDITY</b>	
<b>DATE OF ADMIT</b>	
<b>DATE OF DISCHARGE</b>	
<b>TOTAL BILL AMOUNT</b>	
<b>DETAILS REGARDING DISEASE/ SURGERY (Damdawiin awm chhan)</b>	
<b>DISABILITY IF ANY, DUE TO DISEASE OR SURGERY</b>	
<b>PERIOD OF TREATMENT AS INPATIENT</b>	<b>(DAY/DAYS):</b>
<b>BANK INFORMATION</b>	<b>A/C NO :</b>
	<b>IFSC :</b>
	<b>BANK HMING :</b>
	<b>BRANCH :</b>

A chung a ziate khi a dik vek tih ka nemnghet a. Thudik lo ka ziak emaw, siamchawp ka lo nei emaw a nih chuan ka chungah eng action pawh la se ka sawi buai lo ang tih ka in tiam e.

**Place** : .....

**Date** : .....

**Hming leh Signature**

**DOCUMENT THILTEL NGAITE:**

1. MBOCWWB I.D. Card Photo Copy pakhat.
2. Bank Passbook Photo Copy pakhat.
3. Photo copy of Discharge Card (Doctor Certified), diltuten an dil hunah Original Discharge Card hi Dealing Staff-te hnenah hmuh tur a ni.