

FORM NO – XXXIII (SEE RULE 273)
MIZORAM BUILDING & OTHER CONSTRUCTION WORKERS' WELFARE BOARD
APPLICATION FOR MATERNITY BENEFIT

NAME OF APPLICANT	
ADDRESS	
DISTRICT	
PHONE NUMBER	
NAME OF HUSBAND (PASAL HMING)	
REGISTRATION NUMBER	
DATE OF REGISTRATION	
DATE OF VALIDITY	
DATE OF CONFINEMENT (NAU NEIH NI)	
TOTAL BILL AMOUNT	₹ 5,000/-
HE BENEFIT HI VAWI ENGZATNGE I DIL TAWH?	
BANK INFORMATION	A/C NO :
	IFSC :
	BANK HMING :
	BRANCH :

A chung a ziate khi a dik vek tih ka nemngnet a. Thudik lo ka ziate 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 **Xerox Copy** pakhat.
2. Medical Certificate/Discharge original.
3. Bank Passbook **Xerox Copy** pakhat.
4. Naupang / Nau Piang Birth Certificate **Xerox Copy Attested** pakhat.

Hriattur pawimawh: Nau neih atanga thlaruk (6 month) chungin dil tur a ni.