

FORM NO – XXXIX (SEE RULE 279)
MIZORAM BUILDING & OTHER CONSTRUCTION WORKERS' WELFARE BOARD
APPLICATION FOR FUNERAL ASSISTANCE

NAME OF NOMINEE/APPLICANT	
ADDRESS	
DISTRICT	
PHONE NO	
DATE OF BIRTH (NOMINEE/APPLICANT)	
NAME OF DECEASED WORKER	
REGISTRATION NO	
DATE OF REGISTRATION	
DATE OF WORKERS I.D. CARD VALIDITY	
DATE OF DEATH (Thih Ni, Thla leh Kum)	
REASON FOR DEATH (Thih chhan)	
RELATIONSHIP WITH THE DECEASED WORKER (Mitthi nena inlaichinna)	
BANK INFORMATION	A/C NO :
	IFSC :
	BANK HMING :
	BRANCH :

A chung a ziate khi a dik vek tih ka nemnghet 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. Member boral MBOCWFB I.D. Card **Xerox Copy** pakhat.
2. Bank Passbook Xerox Copy pakhat (*He benefits diltu Bank Account*).
3. VC/LC/YMA Hriatpuina Lehkha.
4. Death Certificate Xerox Copy **Attested** pakhat.

Hriattur pawimawh: Member thih ni atanga thlaruk (6 month) ral hma in dil tur a ni.