# FORM – XXVII [See Rule 268(4)] APPLICATION FORM FOR REGISTRATION

#### (Mizoram Building & Other Construction Workers Welfare Board)

Name of Worker		
House Number & A	Address	
District		
Voter ID Number		
Aadhaar Number		
Phone Number		
Whether SC/ST		
Gender		
Marital Status		
Date of Birth		
Name, Address, & Register No. of the establishment where the applicant is working		
Nature of Job (Hnathawh Hming)		
Name of Father		
ESI/PF No., if any		
Name and Address	of employer	
Total Service		
	Account Number	
Bank Information	Bank IFSC	
Bank Information	Bank Name	
	Bank Branch	
	lready a member of	
•	Board, the name of	
such Board & Regi		
•	ember nih chuan an	
hming leh registrat	tion number	

A chunga ziak hi a dik vek a, tih dik loh emaw phuahchawp a awm anih chuan ka dil angin siam mahse englai pawhin sut (cancel) sak theih a ni tih ka pawm a, engmah ka sawisel loang tih ka intiam e.

Date:	
Place:	

Name & Signature of the Employer

Name & Signature of the Applicant

#### **DOCUMENT THIL TEL TURTE:**

- 1. Voter I.D. card photocopy (Voter ID a Date of Birth lang lo te tan piankum lan chhianna document dang thiltel bawk tur a ni.)
- 2. Aadhaar Card photocopy (As per section 142 of Code on Social Security, 2020)
- 3. Family Ration Card attested photocopy.
- 4. Bank Passbook attested photocopy.
- 5. Passport size photo 2 copies.
- 6. Local Council/Village Council leh Branch YMA/YLA/MTP hriatpuina.

### NOMINATION FORM

FORM NO. XXVIII {(See Rule 268(7))

I nominate the following person/persons as rightful dependents to receive all the dues from the fund on my behalf and in the event of my death, as rightful heirs to receive all benefits due to me.

SI. No.	Name and address of Nominee/Nominees	Relationship with Member (Inlaichinna)	Age of Nominee	Amount to be given to each Nominee
1				
2				
3				

The particulars of the present members of my family are furnished below:

SI. No.	Name	Date of Birth/Age	Relationship with member (Inlaichinna)	Whether residing with him/her or not
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

I hereby declare that the particulars above have been given by me and are true to the best of my knowledge and belief.

	I further	declare	that	the	particulars	furnished	by	me	tally	with	those	which	have
alreac	ly furnish	ed earlie	r fror	n tin	ne to time.								

Place	:	
Date	:	

## **TO WHOM IT MAY CONCERN**

		w/o, h/o, d/o, s/o
	hi	(date of birth) a
piang a ni a,	(veng leh k	<i>hua</i> ) mi leh sa ngei a ni a. Insak
leh a kaihhnawih a inhlawh niin		(diltu hnathawh hming ziah
tur), thla/kum chhung a eizaw	vng/hnathawk <sup>·</sup>	tawh a ni tih ka hriatpui e.
Young Mizo Association	ı	ocal Council/Village Council
Seal & Signature		Seal & Signature
MEMBER IN	<u>ITIAMKAMNA</u>	
Koi		
Kei		w/o, h/o, d/o, s/o
	hi kum	w/o, h/o, d/o, s/o ah ka piang a,
Veng/kh	hi kum nuaa cheng ka i	w/o, h/o, d/o, s/o ah ka piang a, ni a, Mizoram Building & Other
nstruction Workers Welfare Board hnua	hi kum nuaa cheng ka i ia Welfare me	w/o, h/o, d/o, s/o ah ka piang a, ni a, Mizoram Building & Other mber ni tur hian insak leh a
	hi kum nuaa cheng ka r ia Welfare me tchhuah a niha	w/o, h/o, d/o, s/o ah ka piang a, ni a, Mizoram Building & Other mber ni tur hian insak leh a ka I.D. card min cancelled sak
veng/khonstruction Workers Welfare Board hnua	hi kum nuaa cheng ka r ia Welfare me tchhuah a niha	w/o, h/o, d/o, s/o ah ka piang a, ni a, Mizoram Building & Other mber ni tur hian insak leh a ka I.D. card min cancelled sak