

**FORM NO. XLIV [SEE RULE – 283]  
APPLICATION FOR MEDICAL ASSISTANCE  
(Mizoram Building & Other Construction Workers Welfare Board)**

Name of Applicant		
Address		
District		
Contact Number		
Registration Number		
Date of Registration		
Date of Validity		
Date of Admit		
Date of Discharge		
Period of treatment as an inpatient		
Reason of Hospitalization		
If the patient has a Chronic disease, give details		
Disability if any, due to disease or surgery		
Bank Information	Account No.	
	Account IFSC	
	Bank Name	
	Bank Branch	

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

**Date :** .....

Hming leh Signature

**DOCUMENT THIL TEL TURTE:**

1. MBOCWFB ID Card Xerox photocopy pakhat.
2. Bank Passbook Xerox photocopy pakhat.
3. Photocopy of Discharge Card (Doctor certified), a diltuten an dil hunah original discharge card hi dealing staff-te hnenah hmuh tur a ni.

**HRIATTUR PAWIMAWH:** Damdawiin chhuah ni atanga thla 6 ral hmain dil tur a ni.