

APPLICATION FOR COVID-19 PACKAGE
(Mizoram Building & Other Construction Workers Welfare Board)

1. Name of Applicant(A diltu hming) :
2. Address :
3. Phone No:
4. Registration No:
5. Date of Birth:
6. Package claim : (Covid patient / Death due to Covid-19)
7. Period of treatment :
8. Detail of Bank : Bank hming:
Branch hming:
Account No.:
IFSC Code:

The facts furnished above are true to my best knowledge and information.

Place: _____

Date: _____

Name & Signature
of Applicant

Documents thiltel ngaite:

1. MBOCWWB ID Xerox copy pakhat.
2. Bank Passbook Xerox copy pakhat.
3. Discharge certificate/Death Certificate(Original only)
4. VLTF/LLTF hriatpuina.