

FORM XLVI
(See Rule 280 of DBOCW (RE&CS) Rules, 2002)

Application for Ex-gratia Medical Assistance for Accident

1.	Name & Address of applicant	
2.	Age & Date of birth	
3.	Registration No.	
4.	Date of payment & first subscription, challan No. & name of bank, branch	
5.	Date of payment of last subscription, challan no. & name of bank, branch	
6.	Total amount of subscription	
7.	Detail regarding accident	
8.	Nature of disability due to accident	
9.	Whether treated in Govt. hospital? If so, date of admission and date of discharge.	
10.	Whether applicant was in plaster? If so, for how many days	
11.	Details of documents submitted.	
12.	Financial assistance applied for	
13.	Have you received any financial assistance for treatment before? If yes, give particulars.	

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

Sig. of the applicant _____

Name of the applicant _____

Place.....

Date.....