

<b>t of Applications for Medical Assistance under Partial Disability place before the Screening Committee for finalization, Dist- Hailaka</b>										
Sl. No.	Name of the applicant	Name of the registered	Relationship with Beneficiary	Registration No. & date of beneficiary	Name of the Registration office	Percentage of Partial Disability	A/c holder name	Causes	Amount of Partial Disability	Total amount
1	Nirmal Karmakar	Self	Self	HLK/230, dt.13.07.2012	LO, Hailakandi	15%	Nirmal Karmakar	Amputation right Index finger	25000	25000.00
<b>Total Rs.</b>									<b>25000.00</b>	

Prepared by

Approved by

Rakesh choudhury,  
Office Assistant, AB&OCWWB,  
Guwahati-16

Deputy Labour Commissioner, Assam-cum-Deputy Chief Executive Officer, Assam Building & Other Construction Workers' Welfare Board

Labour Commissioner, Assam-cum-Member Secretary, Assam Building & Other Construction Workers' Welfare Board Guwahati-16