

**Assam Building & Other Construction Workers Welfare Board**

**SEE RULE-284 (d)**

**APPLICATION FOR Health Checkup**

Passport size Photo  
of Applicant 2  
copies

Application No. & Date.

District.....

- 1) Name & Full Addressed of the Applicant :
- 2) Age & Date of Birth :
- 3) Registration No. & Date :
- 4) Identity Card No. & Date :
- 5) Date of Renewal of Identity Card :
- 6) Date of Payment of 1<sup>st</sup> Contribution :
- 7) Date of Payment of last contribution before :  
Submission of Application
- 8) Name of the Bank & A/c No of the Applicant:
- 9) Mobile No. linked with the Bank Account :
- 10) List of document to be submitted :
  - i) Self attested copy of Identity Card with :  
renewal
  - ii) Last Contribution deposit slip of A/c Pay :  
Book.
  - iii) Xerox copy of bank Account Pass Book :

The facts mentioned are true to my knowledge & information

Place.

Date.

Signature/Thumb impression of the Applicant

**For kind attention of applicant:-**

After receiving the paid amount, the beneficiary must submit all the valid medical documents of Health Check up within the period of 1 (one) month to their respective Registering Officer failing which they shall not be eligible for the benefit in the next year.

**Certificate of Registering Officer:-**

Certified that the above particulars are verified with our record and found in order

Signature with seal  
Date:-