#### FORM-I [See Rule 31(1)]

# **Application for Registration of Beneficiary Under Section 12**

То	The Registering Officer		District		Recent color 1 Passport 3 Stamp Size
	Subject :-	Registration.		_	photos
Sir,	I beg to app	oly for registrat	ion of myself as a	beneficiary under S	ection 12 of Building & Other
Con	struction Work	ers (Regulation	of Employment	and Condition of Se	rvice) Act, 1996 (Central Act,
No.2	27 of 1996). My	detailed partic	ulars are furnishe	d in the statement b	elow:
			STATE	<u>MENT</u>	
1.	Name	:			
2.	Address	:			
3.	Father's or sp	oouse's name	:		
4.	Date of Birth		:	Ag	ge:
5.	Monthly wag	es income	:		
6.	Name & address of employer :under whom last employed or being employed				
7.	List of memb	ers of Family in	Annexure – I		
8.	Aadhaar No.		:		_
9.	Bank Accoun	t No.	:		<u> </u>
10.	Annual Premium paid under PradhanMantriSuraksha BimaYojana. (If any)		: Rs		_
11.	Mobile No.		:		_
infor	ny knowledge an mation given by	nd believe and r me is proved fal	nothing has been o se/not true, I will h	oncealed therein. I a	ve information is true to the best m aware of the fact that if the al proceeding as per provision of table provisions of the Law. Also
			summarily withdra		table provisions of the Law. Also

Date : \_\_\_\_\_

**Signature of the Applicant** 

## EMPLOYMENT CERTIFICATE

Certified that Shri/	Smt/Km	
S/o,D/o,W/o		<u>a</u> resident of
Manipur is known to me	for the last one year and the he/sl	she is a Mistry(Skilled)/Jugali(Semi Skilled) /Helper
(Unskilled)		
by occupation	(name of the tr	rade) and he was/is employedand engaged by me in
the job ofin the Building	Construction worker, namely	at
for	months.	
Date :		Signature of the Employer with seal
Countersigned of Inspect	tor concerned.	
	BIRTH CERT	<u>CIFICATE</u>
Certified that Sh	ri/Smt/Km	
S/o,W/o,D/o a residento		
		P.O
		the date of birthof Shri/Smt/Km
isas per the registration (		
Date :		Signature of Birth Registering Officer (D&B)
	OR	
	School Certificate	te/Aadhaar
	Card showing the Date of Birth	
Date of receipt of the Ap	Memo of Re	eceipt

Signature of the Registering Officer Or Dealing Assistant

#### **ANNEXURE-I**

#### LIST OF FAMILY MEMBERS

SI. No. (1)	Name of the Members (2)	D.O.B. (3)	Occupation (4)	Monthly wages/ Incomes (5)	Relationship (6)	Aadhaar No. (7)	Photo (2.5cm x 3.5cm) (8)
1							
2							
3							
4							

### ANNEXURE-I

#### LIST OF FAMILY MEMBERS

SI. No. (1)	Name of the Members (2)	D.O.B. (3)	Occupation (4)	Monthly wages/ Incomes (5)	Relationship (6)	Aadhaar No. (7)	Photo (2.5cm x 3.5cm) (8)
5							
6							
7							
8							

(Additional sheet may be used if required )