

F O R M ' C '

APPLICATION FOR RELIEF UNDER THE CENTRAL COALFIELDS EMPLOYEES BENEVOLENT / RELIEF FUND SCHEME IN THE EVENT OF EMPLOYEES SUFFERING FROM PROLONGED SICKNESS VIZ. T.B. ,CANCER,LEPROSY PARALYSIS ,MENTAL DISEASES ETC.

1. Full Name & Designation of the Employee / Member : -----

2. Place of Work : -----

3. Address Present : -----

Permanent : -----

4. Nature of Work : -----

5. Nature of Sickness : -----

6. Period of Sickness : -----

7. Details of Treatment Received : -----

(i) Period of treatment in Company's Hospital : -----
From To

(ii) Period of treatment in referred Hospital/ Medical Institutions : -----
From To

I hereby certify that I am suffering from prolonged sickness beyond the period of two months from -----I am not getting any salary/ wages from the company.

I do hereby also certify that I have not taken any employment elsewhere.

Signature of the Applicant/Employee.
Membership No.

Certificate of the concerned Colliery Medical Officer.

Signature of the Medical Officer
Date: Seal

Recommendation of the Controlling officer of the concerned unit .

Signature of the Staff Officer(P)
Date: Seal

Decision of the CCEBF Society Committee:-