

FORM NO. XXXVII

[See Rule 281 (2)]

APPLICATION FOR DISABILITY PERSON

1. Name and Address of applicant :
2. Age and date of Birth :
3. Registration No :
4. Date of payment of 1st Subscription
Amount & Name of Bank & Branch :
5. Date of payment of 1st Subscription
Amount & Name of Bank & Branch :
6. Total amount of Subscription :
7. Details of disease/accident :
8. Nature of disability due to disease/accident :
9. Details of treatment in Government Hospitals
Date of admission and date of discharge :
10. Whether the patient was in plaster ?
If so, for how many days ? :
11. Amount spent for treatment
(should be supported by medical bills
Countersigned by the training doctor) :
12. List of documents submitted :
13. Details of benefits received if any before :
14. Details of benefits received if any from
Government or any other institution for the
Above treatment. :

The above facts are true to my knowledge and information.

Place :

Date :

Name & Signature of Applicant.

.....
