

FORM – A
[See clause 5(2)]
APPLICATION FOR REGISTRATION

To
Assistant Commissioner of Labour (Social Security Scheme),
.....district.
Registration No.....
(To be filled in by the Registration Authority)

Affix Passport Size Photograph

1. (a) Name of the worker :
(b) Sex :

M	F	TG
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(c) Religion :
(d) Caste :
(e) Category :

SC	ST	MBC	BC	OC
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2. Name of the Father/Husband :

3. Date of Birth :
(enclose Xerox Copy of evidence Day Month Year
in proof duly attested by a Group A or Group B officer)*

4. Marital Status
(Whether married, unmarried, widow/widower) :

5. Permanent address :

6. Present address :

7. State whether self-employed or employed :

8. If employed, furnish the name and address
of the established and also the Name and
address of the employer contractor :

9. Nature of work :

10. Number of years engaged in the employment
as on the date of application :

11. Particulars of the member of the family :

Sl. No	Name	Age	Relationship	Marital status
(1)	(2)	(3)	(4)	(5)

12. (a) Whether the wife/husband is employed ? :
(b) If so furnish details

Signature of the manual worker

* (i) Birth Certificate or (ii) School Certificate or (iii) Driving License or (iv) Ration Card or (v) Voter's identity card or (vi) Certificate from Registered Medical Practitioner not below the rank of Civil Surgeon of a Government Hospital in the prescribed format duly signed by the worker.

DECLARATION BY THE APPLICANT**

In declare that I am not registered as a member in any other Manual Workers Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Signature or left hand thumb impression of the manual worker
(Left hand thumb impression to be attested by the Registration authority)

**Any false declaration / certification will entail legal action.

CERTIFICATE OF EMPLOYMENT***

Certified that the particulars furnished by Thiru/Thirumathi/Selvi..... regarding employment as a manual worker in the application for registration are true to the best of my knowledge and belief.

Place:

Date:

Signature and name of the person/
Officer issuing the certificate

**Any false declaration/certification will entail legal action

VERIFICATION CERTIFICATE

After due verification it is certified that the application and the proof are found to be correct and recommended for registration

Place:

Date:

Village Administrative Officer/
Revenue Inspector (for Chennai district)

Office Note:-

Application and proof verified. The recommendation of theis accepted and the applicant is registered as member of the Tamil Nadu Construction Workers Welfare Board. Application for membership rejected (In case of rejection, reason should be clearly mentioned).

Assistant Commissioner of Labour (Social Security Scheme)
.....District

ACKNOWLEDGEMENT SLIP

Received from Selvi/Thiru/Tmt.....residing at
.....application for registration as manual worker in the Tamil Nadu
Construction Workers Welfare Board.

Office Seal:

Signature of the Assistant Commissioner of Labour (Social Security Scheme)

Name:

Designation: