

**FORM – XXVII**  
**Application for Registering as Beneficiary**  
**[See Rule 265 (2)]**

1. Name : \_\_\_\_\_
2. Name of Father / Husband : \_\_\_\_\_
3. Address (i) Current address : \_\_\_\_\_  
(ii) Permanent address : \_\_\_\_\_
4. Whether SC/ST : \_\_\_\_\_
5. Date of Birth : \_\_\_\_\_
6. Marital Status : (Married/Unmarried/Widow)
7. Name, Address and Registration No. : \_\_\_\_\_  
of the Establishment where the  
Applicant is working
8. E.S.I. /P.F. No If any : \_\_\_\_\_
9. Name of Address of Employer : \_\_\_\_\_
10. Total Service : \_\_\_\_\_
11. Rate of Subscription : \_\_\_\_\_
12. Name of the Bank and Branch, : \_\_\_\_\_  
where Subscription is to be paid
13. If the Applicant is already a member : \_\_\_\_\_  
of Any other Welfare Board , the name of  
such boards and registration No.  
of the Applicant
14. Proof of Age : \_\_\_\_\_
15. Nomination in Form – XXVII : \_\_\_\_\_
16. Two passport size photographs : \_\_\_\_\_
17. Occupation : \_\_\_\_\_

The above facts are true to the best of my knowledge, information and belief.

I undertake to regularly pay my monthly contribution as a Beneficiary at the rate prescribed State Government and in the manner prescribed by the Board.

Place \_\_\_\_\_ Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_ Name and signature of Employer \_\_\_\_\_