

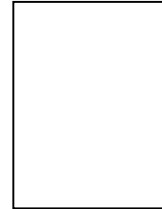


Kerala Motor Transport Workers' Welfare fund Board

Application for Membership Registration cum Covid19 Financial Aid for Scattered Workers

1. Name of Applicant :
2. Age and Date of Birth :
(Submit proof of DOB)
3. Aadhaar No :
4. Mobile No :
5. Name of Nominee :
6. Address :

7. Gender :
8. District :
9. Type of work (Driver, Conductor, Cleaner,
Driving school staff, Passenger Guide,
Booking Clerk, Automobile worker etc):
10. Name of Establishment (Driving school name,
veh nos working, stand/locality working etc):
11. Taluk :
12. Village :
13. Local Body :
14. Name of A/C holder :
15. A/C No :
16. Name of Bank :
17. Branch :
18. IFSC :
19. Covid assistance availed : Yes/No
20. Member in any other Board: Yes/No
(if Yes, give details) :



Affix photo

21. Attachments(please tick) --- Driving License/Conductor Pass(optional), Aadhaar, Bank Passbook, Age proof document, Ration Card, recommendation letter from Registered Trade Union/Employer Association/Ward Member/Councillor (in letter head).
22. Details of remittance :-Rs145(Employer contribution- Rs 60 + Employee contribution Rs 60 + Reg .fee-Rs 25) (One month contribution of employer , employee and the Registration Fee)

Declaration

I hereby declare that the information given in this application is true and correct to the best of my knowledge and belief. In case any information given in this application proves to be false or incorrect, I shall be responsible for the consequences.

Place :

Signature

Date :

(Name)