


**KERALA SHOPS AND COMMERCIAL ESTABLISHMENT WORKERS
WELFARE FUND SCHEME, 2007**

Form 1

Application for Registration and Nomination

[See Section 26(1)]

1. Name : 
2. Father's/ Husband's Name :
3. Residential Address with Phone No:
- a. Ration Card No. :
- b. Voter ID Card No. :
4. Age & Date of Birth :
5. Marital status : Married/Unmarried/Widow
6. Employee/Self employee :
7. If employee, Nature of employment/
Designation :
8. Name and address of the Institution
with Telephone No. :
9. Period of service in the present
Institution :
10. Registration No. of the institution
as per Kerala Shops&Commercial
Establishments Act 1960 :
11. Details of family members of
applicant :

Sl.No.	Name of family member	Relationship with applicant	Age	Occupation	Remarks
(1)	(2)	(3)	(4)	(5)	(6)

12. Whether applicant is a member of
any other Welfare Scheme :

13. If yes

(a) Name of Welfare Fund

(b) Date of admission

(c) Details of Payment

14. I certify that the above particulars are correct.

Signature of Applicant

Signature of Employer
with address and seal

Signature of the Inspector/ District Executive Officer

Nomination

15. I hereby nominate the persons mentioned below to receive the amount of financial assistance in the event of my death.

Sl.No.	Name of address of Nominee (s)	Age	Relationship with the applicant	Percentage of financial assistance to be given to each member

Signature of Applicant

For official use

Application accepted/rejected

Register No. if accepted

Reason for rejection

Place:

Inspector/ District Executive Officer

Date :