GOVERNMENT OF ANDHRA PRADESH-LABOUR DEPARTMENT CHANDRANNA BIMA SCHEME

APPLICATION FOR ENROLMENT UNDER SOCIAL SECURITY SCHEME FOR UNORGANISED WORKERS (CHANDRANNA BIMA) (UNDER CLAUSE 6(ii) OF THE SCHEME)

1.	Employment/occupation of worker								
2.	Full name of the worker								
	Male		Female						
3.	Age								
4.	Father/Husband name								
5.	Caste								
6.	Driving Li	cense No.							
	case of tra driver	ansport							
7.	Aadhar .No.								
8.	Ration Ca	rd. No.							
9.	Bank Acco	ount							
	1. Jan dha	an A/c							
	2. Ordinai A/c	ry saving							
	3. Bank A	/c required							
	newly								
10	If bank A	c already							
	existing A	ccount.No							
	Bank Nam	ne							
	Branch Na	ame							
	IFC Code								
11									
	Door.No.								
	Street/Ro	ad No.							
	Area/war d								

	Village/Town/City									
	Pin Code									
12.	Mobile									
	No.									
13	Family Particulars									
	S.No.	Name of family member	Age	Relations hip with worker	Education details of children					
					Class/Cou rse studying	Name of School/Colle ge				
	1.									
	2.									
	3.									
	4.									
14.	Nomination Details									
	Full name of Nominee	Male	Female	Age	Relationship with worker					
	Self Declaration:									
	I hereby certify that the particulars furnished above are true to the best of my knowledge and my health condition is good. I authorize that my Aadhar particulars may be used for the purpose of implementation of this scheme and my bank account specified above/bank account newly opened now may be converted as Jan Dhan Account for coverage under PMSBY.									
	Date					Signature of worker				