"FORM XXXI"

APPLICATION FOR REGISTRATION OF BUILDING AT (u/s 12 of BOCW Act,1996 and Rule				WORKER		Attach Two					
Bank Account No. (16 Digit)					R	Attach Two ecent pass Port					
						e Colour Photo					
Aadhaar Number (12 Digit)					(Pas	ste one and stapled one)					
Phone Number (10 Digit)											
Personal Details											
(I) Name of the Construction Worker:											
(II) Sex: Male Female (III) Marital Status:	Uı	nmarried	Married	Widow	er 🔲	Vidow					
(IV) Father's Name / Husband's Name:											
(V) Mother's Name:											
(VI) Date of Birth:	/	/									
(VII) Category: General SC ST OBC	(\	VIII) Physica	ally Handicap	oed 🗌 Y	es 🗌	No					
(IX) Permanent Resident of J&K State: Yes No	(X)	Ration Car	rd Category:	☐ APL	ВЕ	PL AAY					
(XI) Select Spoken Language Hindi Dogri	Pahari	☐ Kasl	hmiri 🗌	Gojri	Urdu	Ladakhi					
(XII) Present Address	(XII	II) Perman	ent Address	(Tick if sam	e as Prese	nt Address)					
(a) House No./Bldg:		(a) Ho	ouse No./Blgd:								
(b) Village/Locality:											
(c) Gram Panchayat/W. No.:		(c) Gra	am Panchavat	/W. No.:							
(d) Block/ Municipality /Town/City:											
(e) Tehsil/Mandal:		(d) Block/ Municipality/ Town/City:(e) Tehsil/Mandal:									
(f) District		(f) Dis	trict								
(g) Police Station:		(g) Po	lice Station:								
(h) Post Office:Pin Code		(h) Po	st Office:	Pi	n Code						
(i) State: Jammu and Kashmir		(i) Sta	te:								
(j) Contact Number: (without pr	refixing "	0") (j) Cor	ntact Number:								
Bank Account Number(16 digit) Name	of Ban	L .	Branch I	Namo	IESC	FSC Code (11digits)					
Bailt Account Number (10 digit)	OI Dali	I.K.	Dianchi	Valle							
(XIV) Select Profession: Write the number from	list he	olow [1								
		Head Mazd	loor		ſ 12	21 Caulker					
[]2 Mason or Brick layer		Mazdoor				22 Mixer (including					
[]3 Carpenter		Sprayman or Mixerman (road surfacing				concrete mixer					
[]4 Painter or Varnisher	[]14	Wooden or	stone packer			operator					
[]5 Fitter including bar bender	[]15	Well diver f	for removing s	ilt	[]2	23 Pump Operator					
[]6 Plumber for road pipe work	[]16				[]2]24 Mixer Driver					
[]7 Electrician						[]25 Roller Driver					
[]8 Mechanic		Mistry									
[]9 Well sinker		Blacksmith									
[]10 Welder		Sawer	v machinana l	hridgo work	etc						
[]26 Kalasis or Sarang engaged in heavy Engineering co[]27 Watchman at Construction sites		Mosaic Poli	•	oriuge Work		Tunnel Worker					
[]30 Marbel / Kadappa stone worker			er and Quarry	worker	. 123	Tamici Worker					
[]31 Road worker	. ,										

[]33 Earth worker connected with construction work

Check-List of Document to be submitted and kept in original while Filing up Registration Form (Tick): 1	(XV)	bridges, road, or in a large price p	DETAILS ment as Bui y certified E	lding o	vanufactory u	struc cate i	tion Worl	ker in th favour o	e preced	ing (ONE	of 194	8)			
1		-			Date of			Marital								
3	1											N		\top		$\dot{\top}$
4	2				/ /									\dagger	T	
Swife Employed? Yes No If yes, Write the Employment Type Anyone in the family also registered as a Building and Construction Worker with J&K BOCWWB? YES NO If YES, fill the details below: Name of Family Member Registration Number Name of Family Member Registration Number Name of Family Member I J K J Z J K	3				/ /											
Anyone in the family also registered as a Building and Construction Worker with J&K BOCWWB? YES NO If YES, fill the details below: Name of Family Member Registration Number Name of Family Member Registration Number Name of Family Member Name of Family Name	4				/ /											
Is wife Employed?	5				/ /											
Is wife Employed?	6				/ /											
Is wife Employed?	7				/ /											
Anyone in the family also registered as a Building and Construction Worker with J&K BOCWWB? YES NO If YES, fill the details below: Name of Family Member Registration Number Name of Family Registration Number 1	8															
Check-List of Document to be submitted and kept in original while Filing up Registration Form (Tick): 1	If YES	S, fill the details below	7:				Name of Fa	mily							NO	
Form (Tick): 1 Age Certificate (in order of Preference) [I-Registrar of Births/II-School Certificate/ III-if both unavailable, Certificate of Medical Officer in Govt. Hospital not below the rank of Asst. Surgeon] 2 Identity and Address Proof [Aadhaar Card/ Driving License/Election ID/Passport]	1		J K			2			J							
1996 and Rules made under.	Self con any my	1 (Tick): 1 Age Certificate (in unavailable, 2 Identity and Adding 3 Employment Certificate (in unavailable, 4 Bank Pass book 5 Ration Card, non 1 Cealed thereof. I also fur other State Government registration shall be limited.	n order of Proceedings Proof [A tificate [In the mandatory] mation furnisher declared to the case, and the for case and the force and	eference f Medica adhaar e forma shed above that I a ny informa	e) [I-Registra al Officer in G Card/ Driving t uploaded b ove is true to am not regist mation provin	r of B Sovt. g Lice y Boa o the cered ded h	irths/II-Sc Hospital n nse/Electi rd] best of m with any ereof is pe	hool Cert ot below on ID/Pa ny knowl other Bo roved to from re	tificate/ II the rank ssport] edge and ard const be false a gistration	l-if b	oth sst. S	ond no	othin Gove the f	g herniutu	as k	beei nt o thei