FORM OF APPLICATION FOR OBTAINING SPECTACLES FROM THE LABOUR WELFARE ORGANISATION, BHUBANESWAR The Welfare Commissioner, Labour Welfare Organisation, Bhubaneswar 1. Name ______ 2. Father's Name _____ 5. Name of the beedi establishment / contractor / Agent where employed at present

7.	Designation	(8) Date of Appointment _	
9.	Establishment / Contractor		

6. Name of owner of the beedi establishment / contractor / agent

past with approximate month & year. 10. Wages received per day

11. Does he already wear the Spectacles? Yes / No

CERTIFICATE OF MANAGE	MENT/CONTRACTOR / AGENT

12. Service rendered from time to time.

Date _____

Date ____

Where he has worked in the

To,

No.	Name of Estab./ Contractor/Agent	Period to from	Total Service	Signature of the manager/contractor agent in token of having certified the service period.
1	2	3	4	5
			en in the second	

_____exclusively of bonus, per month and It is further certified that he gets Rs. __ his economic condition is so poor that he cannot purchase a spectacles. He deserves providing of free spectacles.

> Name of Manager/Owner/Contractor/Agent Seal of Management

Signature of the applicant

CERTIFICATE OF THE MEDICAL OFFICER OF THE ORGANISATION

It is certified that I have examined Sh	rl		
S/o	employed _		
with			
carefully and have come to the conclusion			case de-
serves further examination by an Eye Speci	alist. He is, therefore, referre	d to	
Name o	of the Hospital is to be given.		
,	Name		
	•	·	
	Seal		· ·
Date			
Date			
		· · · · · · · · · · · · · · · · · · ·	
CERTIFIC	ATE OF THE EYE SPEC	<u>ALIS I</u>	
Certified that I have examined Shri			
S/o	Aged	Sex	carefully
and allot the vision / lenses number as under	er:		•
Right Vision		Le	ft Vision
I further suggest that the patient	should continue to take th	e following treatment for a p	period of
after this he should attend	the hospital on	for recheck.	
Date		Eye Specialist Seal & Sign	