

**FORM-XXVIIA**

(See rule 271)

Declaration during deposit of annual contribution to the fund

|   |   |      |    |      |    |      |    |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|------|----|------|----|------|----|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. (a) Registration No. and Date of Registration<br>(b) Name of the Building Worker   | : NAD/KLY/.....Dt...../...../.....<br>:   |      |    |      |    |      |    |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 2. (a) Address :<br><br>(b) Name of the nominee and relationship<br>(c) Dependents(s) name and relationship   | :<br><br>1)<br>2)<br>3)<br>4)<br>5)<br>6)   |      |    |      |    |      |    |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 3. (a) Nature of work performed in last one year<br>(b) Location of work<br>(c) Number of days for which actually employed as construction worker   | :-<br>:<br>:  |      |    |      |    |      |    |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 4. (a) Contribution for the period (From ....to)<br><br>(b) Amount of contribution<br>(Attach receipt of payment)<br>Note: If the period of contribution is for more than one year please specify reason thereof. | <table border="1"><tr><td>dd</td><td>mm</td><td>YYYY</td><td>to</td><td>dd</td><td>mm</td><td>YYYY</td></tr></table><br>: Rs.   | dd   | mm | YYYY | to | dd   | mm | YYYY |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| dd  | mm  | YYYY | to | dd   | mm | YYYY |    |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 5. Particulars of savings account where beneficiary will receive payment<br>(Bank / Branch / Account Number)<br>(if there is any change<br>Attach a cancelled cheque)   | Bank Name :<br><br>Branch Name :<br><br>Account No : <table border="1"><tr><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td></tr></table><br>IFS Code No. : <table border="1"><tr><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td></tr></table><br>MICR Code No. : <table border="1"><tr><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td></tr></table> | □    | □  | □    | □  | □    | □  | □    | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| □   | □   | □    | □  | □    | □  | □    | □  | □    | □ | □ | □ | □ | □ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| □   | □   | □    | □  | □    | □  | □    | □  | □    | □ | □ | □ | □ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| □   | □   | □    | □  | □    | □  | □    | □  | □    | □ | □ | □ | □ | □ | □ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**Declaration :-**  
The above facts are true to the best of my knowledge and belief. I undertake to refund to the Board entire amount received as monetary equivalent of benefits provided to me by the Board in case of any misrepresentation of facts or wilful suppression of facts by me and the Board has the right to cancel membership of the beneficiary in such an event.

Place :  
Date :

\_\_\_\_\_  
(Signature of the beneficiary)