

Form - 4

**(Form for maintenance of Register under Bihar Satat Migrant Labour Accident Grants
Scheme at District level)**

Name of the District :

Sl. No.	Name of Block	Name & Address of deceased Migrant Labour	Kind of labourer	Date of Receipt of claim	Date of Receipt of Enquiry report	Date of Sanction / rejection
1	2	3	4	5	6	7

Details of Cheque / Draft		Date of Sending Cheque / Draft to B.D.O.	Remarks
No & Date	Amount		(whether payment made to claimants)
8	9	10	11