

SEAFARERS' WELFARE FUND SOCIETY

(Autonomous Body of Ministry of Ports, Shipping and Waterways Government of India)
Nau Bhavan Building, Ground Floor, R. K. Marg, Ballard Estate, Mumbai-400 001

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Application for One-time Financial Assistance for Critical / Terminal Illness Scheme

1. Personal Details

1. Name of Seafarer : _____
2. Indian CDC No. : _____
3. Date of Birth : _____ Age _____
4. Present Address : _____
5. Mobile No. : _____
6. Email ID : _____

2. Service Details

1. Status (Tick ✓) :
 Active Seafarer Retired Seafarer
- Total Sea Service (relevant period): From : _____ To : _____
Total duration: _____ months _____
3. Name of Shipping Company / RPSL : (last served) _____

3. Medical Details

1. Type / Name of Illness (as per IRDAI approved list):

2. Name of Hospital issuing medical certificate (Central / State Govt.):

3. Date of Medical Certificate : _____
(Certificate not older than 6 months)

4. Bank Details (for DBT) Mandatory

(Kindly attach copy of bank pass book/ cancelled cheque)

1. Name of Account holder : _____
2. Name of Bank : _____
3. Branch : _____
4. Account No.
(only SB a/c and not NRE/NRO) : _____
5. IFSC Code : _____

5. Declaration

I hereby declare that:

- I am holding an **Indian CDC**.
- I have **not availed** one-time financial assistance earlier under this scheme.
- The information furnished above is **true and correct** to the best of my knowledge.
- I understand that if any information is found false, my application is liable to be rejected.

Signature of Seafarer:

Date: _____

Place: _____

6. List of Documents to be Enclosed (self-attested)

1. Copy of Indian CDC
2. Original Medical Certificate from Central / State Govt. Hospital
3. Sea Service Testimonials / Discharge Book extracts
4. Proof of Bank Account (Cancelled cheque / passbook copy)