

ಕರ್ನಾಟಕ ಕಟ್ಟಡ ಮತ್ತು ಇತರೆ ನಿರ್ಮಾಣ ಕಾರ್ಮಿಕರ ಕಲ್ಯಾಣ ಮಂಡಳಿ Karnataka Building and Other Construction Worker's Welfare Board ದುರ್ಬಲತೆ ಪಿಂಚಣಿ ಮತ್ತು ಪರಿಹಾರ ಸಹಾಯ ಧನಕ್ಕಾಗಿ ಅರ್ಜಿ Application for Disability Pension and Ex gratia

Step 1: Go to sevasindhu.karnataka.gov.in website and click on **Departments & Services**

The screenshot shows the homepage of the Seva Sindhu website. The navigation bar includes 'HOME', 'ABOUT SEVA SINDHU', 'DEPARTMENTS & SERVICES' (circled in red), 'SERVICE CENTERS', 'GRAMA ONE', 'FAQ', 'DEPARTMENT CONTACT DETAILS', and 'CONTACT US'. Below the navigation bar, there are several service categories: 'REVENUE DEPARTMENT', 'HEALTH DEPARTMENT', 'WOMEN AND CHILD', 'DEPARTMENT OF LABOUR', and 'POLICE DEPARTMENT'. There are also buttons for 'REGISTERED USERS LOGIN HERE', 'RAISE YOUR COMPLAINT', 'TRACK YOUR APPLICATION STATUS', 'NEW USERS REGISTER HERE', 'CATEGORY WISE SERVICES', and 'COVID RELATED SERVICES'.

Step 2: Click on **Karnataka Building and Other Construction Worker's Welfare Board** and select **Application for Disability Pension and Ex gratia**. Alternatively, you can search for **Application for Disability Pension and Ex gratia** in the **search option**

The screenshot shows the 'Department Services' page on the Seva Sindhu website. The 'Karnataka Building And Other Construction Workers Welfare Board' is selected, and the 'Application for disability pension and ex-gratia' option is circled in red. The page also shows a search bar and a list of other services: Karnataka State Archives Department, Karnataka State Department of Agriculture (KSDA), Karnataka State Diploma in Nursing Examination Board, Karnataka State Fire and Emergency Services, Karnataka State Law University, Karnataka State Nursing Council, Karnataka State Police, Karnataka State Pollution Control Board (KSPCB), Karnataka State Road Transport Corporation, and Karnataka State Warehousing Corporation.

Step 3 : Click on Apply online

Application for disability pension and ex-gratia

Eligibility: Refer the Guidelines

Supporting Document:

1. Photocopy of ID card attested by gazetted officer
2. Original ID card submitted to the Board
3. Photocopy of beneficiary's bank passbook
4. Provide Living Certificate every year
5. Ration Card
6. Employer Certificate
7. Medical Report
8. ID card issued by the department for the empowerment of differently abled and Senior citizens.
9. Photo copy of the disabled beneficiary
10. Application can be submitted within 6 months from the date of issue of disability ID card by competent authority
11. In case of Beneficiary death, Nominee should provide death certificate to Board

Application Fee : NA

Service Charge (Free for Online Submission) : Rs. 30

Delivery Time (Days) : NA

Procedure for applying:

1. Applicant needs to submit the application .
2. Submission of subscription certificate by SL/LI.
3. Application processing and Verification by Senior/ Labour Inspector.
4. Preparation of Inspection report by Senior/Labour Inspector
5. Review and Approval by Secretary /Joint Secretary
6. In case the data of the beneficiary is not available, the data has to be fetched from the labour officer
7. Copy of the Age proof attached submitted at the time of Registration

Janasevaka (For Door Step Delivery)

Apply Online

Step 4: Enter the username, password/OTP, captcha and click on Log In button

9611106670

..... GET OTP

153836

153836

LOG IN

Forgot Password ?

Don't have an account? Register HERE

Activate Windows
Go to Settings to activate Windows.

11:51 AM
5/17/2021

Step 5: Enter the Application for Disability Pension and Ex gratia Details

View all available services
View Status of Application
Messages & Alerts

ಕರ್ನಾಟಕ ಕಟ್ಟಡ ಮತ್ತು ಇತರೆ ನಿರ್ಮಾಣ ಕಾರ್ಮಿಕರ ಕಲ್ಯಾಣ ಮಂಡಳಿ
Karnataka Building and Other Construction Worker's Welfare Board
ದುರ್ಬಲತೆ ಪಿಂಚಣಿ ಮತ್ತು ಪರಿಹಾರ ಸಹಾಯ ಧನಕ್ಕಾಗಿ ಅರ್ಜಿ
Application for Disability Pension and Ex gratia

Instruction

1.ಫಲಾನುಭವಿಯ ದುರ್ಬಲತೆ ಕೆಲಸದ ಸ್ಥಳದಿಂದ ಉಂಟಾಗಿದ್ದು, ಪರಿಹಾರ ಸಹಾಯಧನವನ್ನು ನಿಯಮ 47 ರ ಅಪಭಾತ ಪರಿಹಾರ ಸಹಾಯಧನ ಸೌಲಭ್ಯದಿಂದ ಪಡೆದಿದ್ದರೆ, ಈ ಮೇಲಿನ ಸೌಲಭ್ಯದಿಂದ ಪರಿಹಾರ ಸಹಾಯಧನ ಪಡೆಯಲು ಅರ್ಜಿರಿಸುವುದಿಲ್ಲ. *

2. Within a period of six months from the date of issue of Disability Identity Card by Competent Authority/ವಿಳಲಚೇತನ ಹಾಗೂ ಹಿರಿಯ ನಾಗರಿಕ ಸಬಲೀಕರಣ ಇಲಾಖೆಯಿಂದ ಗುರುತಿಸಿ ಚೀಟಿ ಪಡೆದ ದಿನಾಂಕದಿಂದ ಆರು ತಿಂಗಳ ಒಳಗೆ ಅರ್ಜಿಯನ್ನು ಸಲ್ಲಿಸುವುದು(ಸಕ್ರಮ ಪ್ರಾಧಿಕಾರ). *

Application for Disability Pension and Ex gratia/ದುರ್ಬಲತೆ ಪಿಂಚಣಿ ಮತ್ತು ಪರಿಹಾರ ಸಹಾಯ ಧನಕ್ಕಾಗಿ

Name of the Beneficiary/ ಫಲಾನುಭವಿಯ ಹೆಸರು *	Nagesh N M	Adhaar Number of Beneficiary / ಫಲಾನುಭವಿಯ ಆಧಾರ್ ಸಂಖ್ಯೆ *	Aadhaar Verified
Date of Birth of Beneficiary / ಫಲಾನುಭವಿಯ ಜನ್ಮ ದಿನಾಂಕ *	16/02/2004	Address of the Beneficiary / ಫಲಾನುಭವಿಯ ವಿಳಾಸ *	rteter
Phone number of Beneficiary / ಫಲಾನುಭವಿಯ ದೂರವಾಣಿ ಸಂಖ್ಯೆ *	9898978879	Age of Beneficiary/ ಫಲಾನುಭವಿಯ ವಯಸ್ಸು *	19
Registration Number of the	Lo_Mysore-T.Narsipu/MUS/MSO/22/2i	Date of registration of the Beneficiary /	06/02/2015

Step 6: Enter the Address where Beneficiary is registered details and Details of disease/accident

ದಿನಾಂಕ * ಸಂಖ್ಯೆ *

Ration Card Number/ಪಡಿತರ ಚೀಟಿ ಸಂಖ್ಯೆ * 234324

Address where Beneficiary is registred/ಫಲಾನುಭವಿಯಾಗಿ ನೋಂದಾಯಿಸಲ್ಪಟ್ಟ ವಿಳಾಸ

State/ರಾಜ್ಯ *	Karnataka
District/ಜಿಲ್ಲೆ *	GULBARGA
Taluk/ತಾಲ್ಲೂಕು *	GULBARGA
Gram Panchayat/ಗ್ರಾಮ ಪಂಚಾಯತ್ *	BHIMANHALLI
Village/Ward/ಗ್ರಾಮ/ವಾರ್ಡ್ *	Jaferabad (Gulbarga 1)

Details of disease/accident / ಖಾಯಿಲೆ / ಅಪಘಾತದ ವಿವರ

Disability caused due to /ದುರ್ಬಲತೆ ಉಂಟಾದ ಕಾರಣ * Disease/ಖಾಯಿಲೆ Accident/ಅಪಘಾತ

Date of Disability /ದುರ್ಬಲತೆಗೆ ಒಳಗಾದ ದಿನಾಂಕ * 22/02/2006

Hospital/Clinic where treated /ಚಿಕಿತ್ಸೆ ಪಡೆದ ಆಸ್ಪತ್ರೆ / ಕ್ಲಿನಿಕ್ * werew

Type of Treatment /ಚಿಕಿತ್ಸೆಯ ವಿಧಾನ * erw

Duration of Treatment /ಚಿಕಿತ್ಸೆ ಪಡೆದ ಅವಧಿ * ewr234324

Cost of Treatment /ಚಿಕಿತ್ಸೆಯ ವೆಚ್ಚ * 324324

Disability affect /ದುರ್ಬಲತೆಗೆ ಪರಿಣಾಮ * Temporary/ತಾತ್ಕಾಲಿಕ Permanent/ಶಾಶ್ವತ

Percentage of disability/ಶೇಕಡಾನಾಡು ದುರ್ಬಲತೆ *

Step 7: Enter the Bank Details and Payment of Subscription amount details

sevasindhustervices.karnataka.gov.in/editApplicationForm.do

Bank Details/ಬ್ಯಾಂಕ್ ವಿವರಗಳು

Bank Name / ಬ್ಯಾಂಕ್ ಹೆಸರು *	werw	Branch Name / ಶಾಖೆಯ ಹೆಸರು *	werwer
Bank Account Number / ಬ್ಯಾಂಕ್ ಖಾತೆ ಸಂಖ್ಯೆ *	334343453	Bank Address / ಬ್ಯಾಂಕ್ ವಿಳಾಸ	rwrwr
IFSC/ಐ ಎಫ್ ಎಸ್ ಸಿ *	SBIN0011286		

Payment of Subscription amount/ ವಂತಿಗೆ ಪಾವತಿಯ ಮೊತ್ತ

Payment of Subscription amount/ ವಂತಿಗೆ ಪಾವತಿಯ ಮೊತ್ತ *

Subscription/ವಂತಿಗೆ ದಿನಾಂಕ/ಗಳು	Date/s of payment/ಪಾವತಿಯ ದಿನಾಂಕ/ಗಳು *	Bank name/ಬ್ಯಾಂಕಿನ ಹೆಸರು *	Branch Name/ಬ್ಯಾಂಕ್ ಶಾಖೆಯ ಹೆಸರು *	Amount/ಮೊತ್ತ *
First Subscription/ಮೊದಲ ವಂ:	07/02/2020	423423	4234	1231
Last Subscription/ಕೊನೆಯ ವಂ:	20/02/2013	1231231	21312	12312

Number of years registered/ನೋಂದಣಿ ಹೊಂದಿದ ಒಟ್ಟು ವರ್ಷಗಳು *

8

Total amount of subscription to be paid/ ಪಾವತಿಸಬೇಕಾದ ಒಟ್ಟು ವಂತಿಗೆಯ ಮೊತ್ತ *

21321

Total amount of subscriptions paid/ಪಾವತಿಸಿದ ವಂತಿಗೆಯ ಒಟ್ಟು ಮೊತ್ತ *

123

Reason for default payment/ವಂತಿಗೆ ಪಾವತಿಸದಿದ್ದಲ್ಲಿ ಕಾರಣಗಳು

12312

Step 8 : Verify the details. If details are correct, select the **checkbox ("Yes")** & **Submit**

sevasindhustervices.karnataka.gov.in/editApplicationForm.do

Total amount of subscriptions paid/ಪಾವತಿಸಿದ ವಂತಿಗೆಯ ಒಟ್ಟು ಮೊತ್ತ *

123

Reason for default payment/ವಂತಿಗೆ ಪಾವತಿಸದಿದ್ದಲ್ಲಿ ಕಾರಣಗಳು

12312

Declaration/ಘೋಷಣೆ

ಮೇಲೆ ನೀಡಲಾಗಿರುವ ಹೇಳಿಕೆಗಳು ನನ್ನ ಜ್ಞಾನ ಮತ್ತು ತಿಳುವಳಿಕೆಗೆ ಅನುಗುಣವಾಗಿ ಸತ್ಯವಾಗಿರುತ್ತದೆ ಎಂದು ನಾನು ಈ ಮೂಲಕ ದೃಢೀಕರಿಸುತ್ತೇನೆ.
The facts mentioned above are true to the best of my knowledge and information.

I Agree *

Additional Details

Apply to the Office *

Labour Inspector Office(Labour Inspector Office- Gulberga 1st Circle) - Rural/Urban

Word verification

944488

Please enter the characters shown above

944488

Draw **Submit** Close Reset

Step 9: A fully filled form will be generated for user verification, If you have any corrections click on **Edit** option, Otherwise proceed to **Attach Annexures**

Application for Disability Pension and Ex gratia/ದುರ್ಬಲತೆ ಪಿಂಚಣಿ ಮತ್ತು ಪರಿಹಾರ ಸಹಾಯ ಧನಕ್ಕಾಗಿ

Name of the Beneficiary / ಫಲಾನುಭವಿಯ ಹೆಸರು : Nagesh N M
 Adhaar Number of Beneficiary /ಫಲಾನುಭವಿಯ ಆಧಾರ್ ಸಂಖ್ಯೆ : Aadhaar Verified
 Date of Birth of Beneficiary / ಫಲಾನುಭವಿಯ ಜನ್ಮ ದಿನಾಂಕ : 16/02/2004
 Address of the Beneficiary / ಫಲಾನುಭವಿಯ ವಿಳಾಸ : rteler
 Phone number of Beneficiary / ಫಲಾನುಭವಿಯ ದೂರವಾಣಿ ಸಂಖ್ಯೆ : 9898978879
 Age of Beneficiary/ ಫಲಾನುಭವಿಯ ವಯಸ್ಸು : 19
 Registration Number of the Beneficiary / ಫಲಾನುಭವಿಯ ನೋಂದಣಿ ಸಂಖ್ಯೆ : Lo_Mysore-T.Narsipu/MUS/MSO/22/2015
 Date of registration of the Beneficiary /ಫಲಾನುಭವಿಯ ನೋಂದಣಿ ದಿನಾಂಕ : 06/02/2015
 Age at the time of Registration /ನೋಂದಣಿ ಸಮಯದಲ್ಲಿನ ವಯಸ್ಸು : 11
 Date of Completion of 60 years / 60 ವರ್ಷ ವಯೋಮಿತಿ ತಲುಪಿದ ದಿನಾಂಕ : 16/02/2064
 Is the disability pension availed from any government department/ಸರ್ಕಾರದ ವಿವಿಧ ಇಲಾಖೆಗಳಿಂದ ದುರ್ಬಲತೆ ಪಿಂಚಣಿ ಈಗಾಗಲೇ ಪಡೆಯಲಾಗಿದೆಯೇ : Yes/ಹೌದು
 Has the beneficiary obtained identity card from the Department for empowerment of differently abled and senior citizens /ವಿಕಲಚೇತನ ಜಾಗೃತಿ ಹಿರಿಯನಾಗರಿಕ ಸಬಲೀಕರಣ ಇಲಾಖೆಯಿಂದ ಗುರುತಿನ ಚೀಟಿ ಪಡೆಯಲಾಗಿದೆಯೇ : Yes
 Disability ID Card Issue Date/ದುರ್ಬಲತೆ ಗುರುತಿನ ಚೀಟಿ ಪಡೆದ29/08/2022 ದಿನಾಂಕ :
 Disability ID Card Number/ದುರ್ಬಲತೆಯ ಗುರುತಿನ ಚೀಟಿಯ ಸಂಖ್ಯೆ : 4234234324
 Ration Card Number/ಪದಿತರ ಚೀಟಿ ಸಂಖ್ಯೆ : 234324

Address where Beneficiary is registered/ಫಲಾನುಭವಿಯಾಗಿ ನೋಂದಾಯಿಸಲ್ಪಟ್ಟ ವಿಳಾಸ
 State/ರಾಜ್ಯ : Karnataka

Step 10 : Click on **Attach Annexures**

Subscription/ವಿಳಾಸ	Date of payment/ಪಾವತಿಯ ದಿನಾಂಕ/ಗ್ರಾ	Bank Name/ಬ್ಯಾಂಕಿನ ಹೆಸರು	Branch Name/ಬ್ಯಾಂಕಿನ ಶಾಖೆಯ ಹೆಸರು	Amount/ಮೊತ್ತ
First Subscription/ಮೊದಲ ವಂತಿಗೆ	07/02/2020	423423	4234	1231
Last Subscription/ಹೊಸೆಯ ವಂತಿಗೆ	20/02/2013	1231231	21312	12312

Number of years registered/ನೋಂದಣಿ ಹೊಂದಿದ ಒಟ್ಟು ವರ್ಷಗಳು : 8
 Total amount of subscription to be paid/ ಪಾವತಿಸಬೇಕಾದ ಒಟ್ಟು ವಂತಿಗೆಯ ಮೊತ್ತ : 21321
 Total amount of subscriptions paid/ಪಾವತಿಸಿದ ವಂತಿಗೆಯ ಒಟ್ಟು ಮೊತ್ತ : 123
 Reason for default payment/ವಂತಿಗೆ ಪಾವತಿಸದಿದ್ದಲ್ಲಿ ಕಾರಣಗಳು : 12312

Declaration/ಘೋಷಣೆ
 ಮೇಲೆ ನೀಡಲಾಗಿರುವ ಹೇಳಿಕೆಗಳು ನನ್ನ ಜ್ಞಾನ ಮತ್ತು ತಿಳುವಳಿಕೆಗೆ ಅನುಗುಣವಾಗಿ ಸತ್ಯವಾಗಿರುತ್ತವೆ ಎಂದು ನಾನು ಈ ಮೂಲಕ್ಕೆ ದೃಢೀಕರಿಸುತ್ತೇನೆ.
 The facts mentioned above are true to the best of my knowledge and information.
 I Agree : Yes

Additional Details
 Apply to the Office : Labour Inspector Office(Labour Inspector Office- Gulberga 1st Circle)
 Draft Reference No : Draft_KB803S/2023/00047

24/2/2023 12:30:40 IST <http://sevasindhustervices.karnataka.gov.in>

Attach Annexure **Edit** **Cancel** **Click here to initiate new application**

Step 11: Attach the annexures and click on Save Annexures

ATTACH ENCLOSURE(S)

Enclosure Document	File/Reference
Photocopy of bank passbook Beneficiary	Bank PassBook Choose File sample.pdf Scan
Disabled Photo	Disabled photo Choose File sample.pdf Scan
Medical report	Medical report Choose File sample.pdf Scan
Hospital Bills	Hospital Bills Choose File sample.pdf Scan
Beneficiary ID Card/Smart Card	Id card of Beneficiary Choose File sample.pdf Scan
Employer Certificate/FIR	Employer Certificate/FIR Choose File sample.pdf Scan
Living Certificate	Living Certificate Choose File sample.pdf Scan
Affidavite for not claim under accident benefit	Affidavite for not claim under accident benefit Choose File sample.pdf Scan
Certificate obtained from dept for empowerment for differently abled and senior citizen	Disabled certificate Choose File sample.pdf Scan
Other	Other Choose File sample.pdf Scan

Save Annexure | Cancel | Back

Step 12 :Saved annexures will be displayed and click on eSign and Submit to proceed.

Declaration/ಘೋಷಣೆ
ಮೇಲೆ ನೀಡಲಾಗಿರುವ ಘೋಷಣೆಗಳು ನನ್ನ ಜ್ಞಾನ ಮತ್ತು ತಿಳುವಳಿಕೆಗೆ ಅನುಗುಣವಾಗಿ ಸತ್ಯವಾಗಿರುತ್ತದೆ ಎಂದು ನಾನು ಈ ಮೂಲಕ್ಕೆ ದೃಢೀಕರಿಸುತ್ತೇನೆ.
The facts mentioned above are true to the best of my knowledge and information.
I Agree : Yes

Annexure List

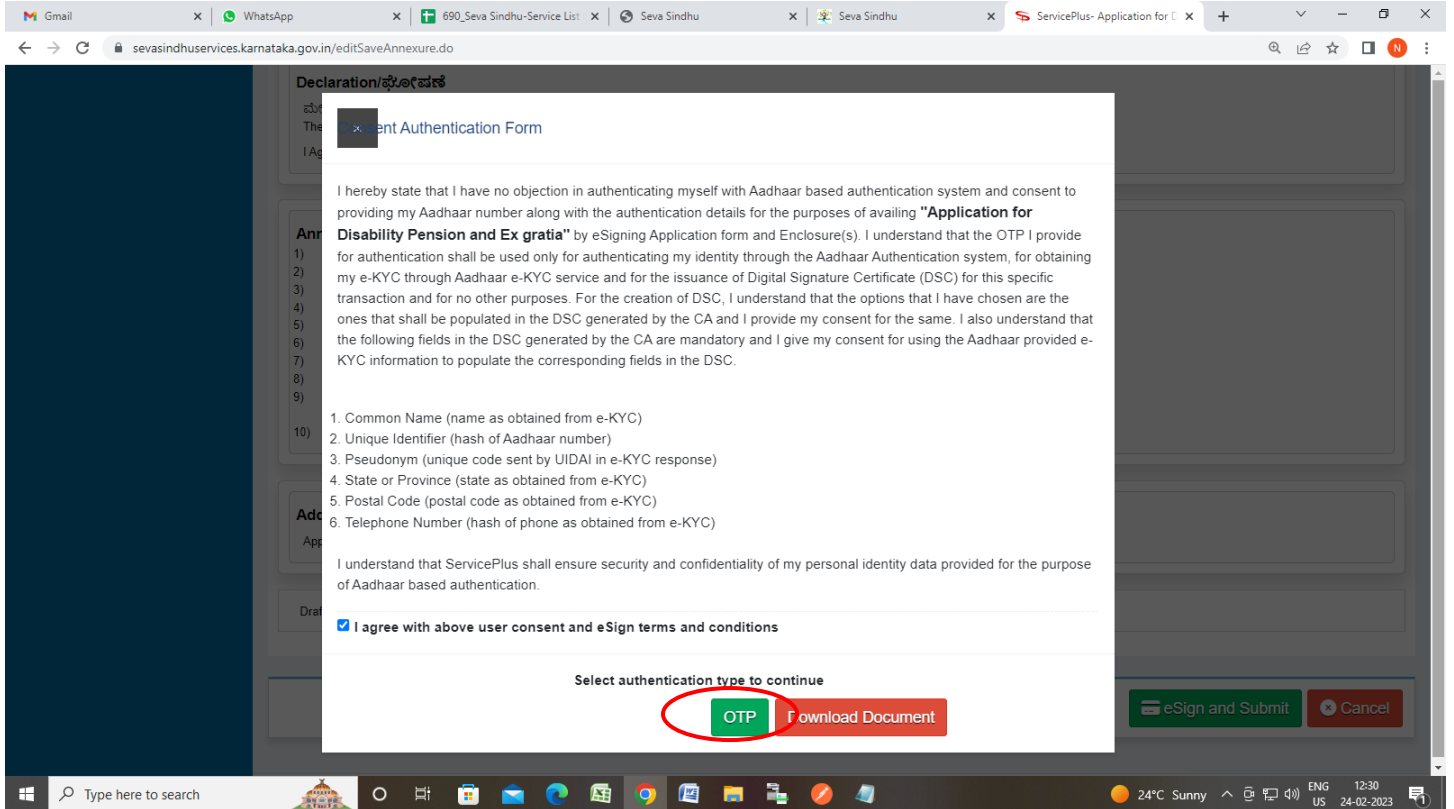
1) Photocopy of bank passbook Beneficiary	Bank PassBook
2) Disabled Photo	Disabled photo
3) Medical report	Medical report
4) Hospital Bills	Hospital Bills
5) Beneficiary ID Card/Smart Card	Id card of Beneficiary
6) Employer Certificate/FIR	Employer Certificate/FIR
7) Living Certificate	Living Certificate
8) Affidavite for not claim under accident benefit	Affidavite for not claim under accident benefit
9) Certificate obtained from dept for empowerment for differently abled and senior citizen	Disabled certificate
10) Other	Other (hggjg)

Additional Details
Apply to the Office: Labour Inspector Office(Labour Inspector Office- Gulberga 1st Circle)

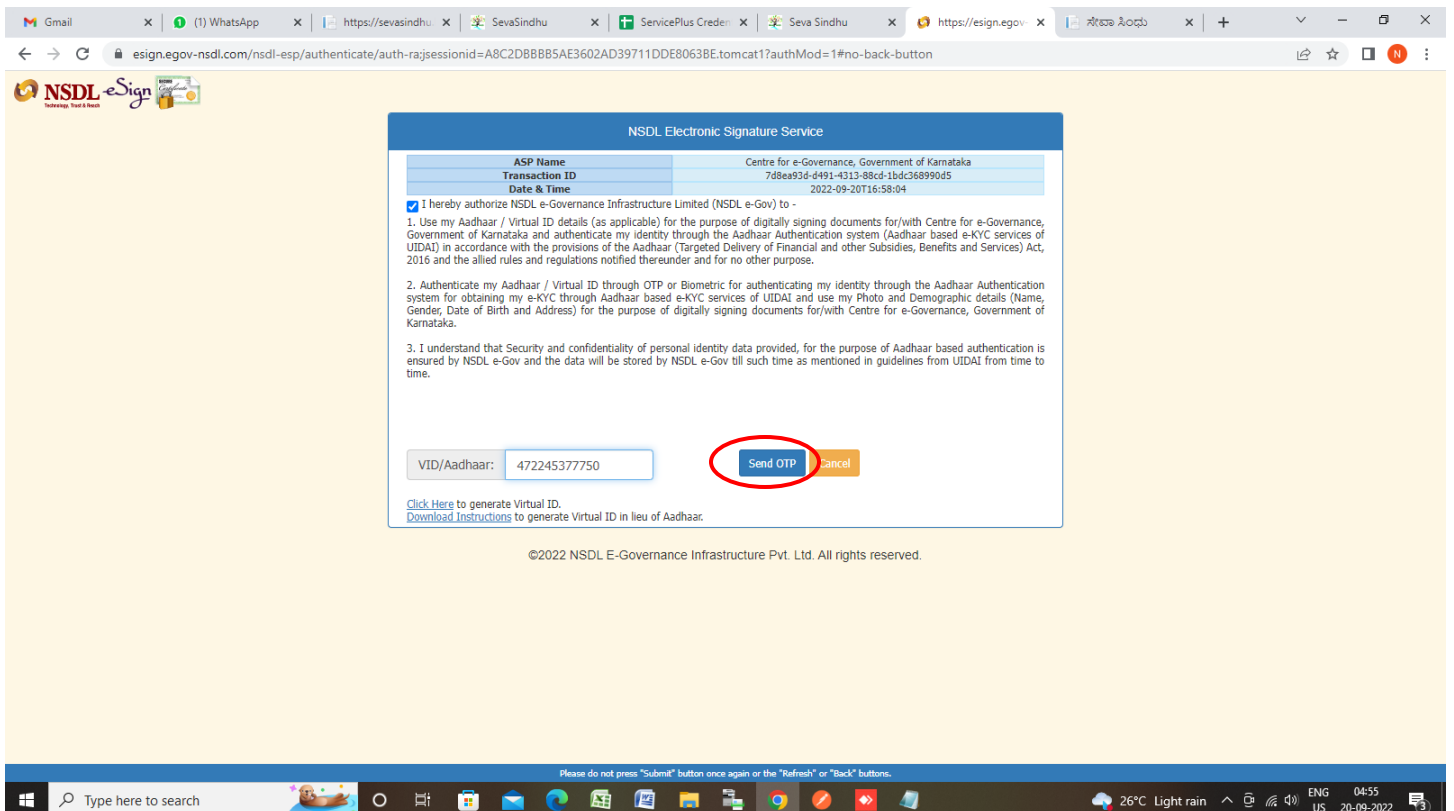
Draft Reference No : KB803S230000033

eSign and Submit | Cancel

Step 13 : Click on I agree with above user consent and eSign terms and conditions and Select authentication type to continue and Click on **OTP**



Step 14: Enter Aadhaar Number and click on Send OTP



Step 15 : Enter OTP and click on Verify OTP

NSDL Electronic Signature Service

ASP Name	Centre for e-Governance, Government of Karnataka
Transaction ID	7d8ea93d-4f91-4313-88cd-1bd1c368990d5
Date & Time	2022-09-20T16:58:04

I hereby authorize NSDL e-Governance Infrastructure Limited (NSDL e-Gov) to -

1. Use my Aadhaar / Virtual ID details (as applicable) for the purpose of digitally signing documents for/with Centre for e-Governance, Government of Karnataka and authenticate my identity through the Aadhaar Authentication system (Aadhaar based e-KYC services of UIDAI) in accordance with the provisions of the Aadhaar (Targeted Delivery of Financial and other Subsidies, Benefits and Services) Act, 2016 and the allied rules and regulations notified thereunder and for no other purpose.
2. Authenticate my Aadhaar / Virtual ID through OTP or Biometric for authenticating my identity through the Aadhaar Authentication system for obtaining my e-KYC through Aadhaar based e-KYC services of UIDAI and use my Photo and Demographic details (Name, Gender, Date of Birth and Address) for the purpose of digitally signing documents for/with Centre for e-Governance, Government of Karnataka.
3. I understand that Security and confidentiality of personal identity data provided, for the purpose of Aadhaar based authentication is ensured by NSDL e-Gov and the data will be stored by NSDL e-Gov till such time as mentioned in guidelines from UIDAI from time to time.

Enter OTP:

Success otp sent on registered mobile/email id.

[Click Here](#) to generate Virtual ID.
[Download Instructions](#) to generate Virtual ID in lieu of Aadhaar.

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Step 16: After **Submit** is successful , Acknowledgement will be generated. Acknowledgement consists of applicant details, application details.

ಸರ್ಕಾರಿ ಸಂಸ್ಥೆ
Sakala Acknowledgement

Office Name / ಸಂಸ್ಥೆ ಹೆಸರು	Minority Welfare Department	
Sakala No/ಸಂಖ್ಯೆ ಸಂಖ್ಯೆ	MD802S210000049	
Application Date / ದಿನಾಂಕ	27/09/2021	
Service Requested / ದಾಖಲಿಸಿದ ಸೇವೆ	Application for Vidyasiri-Food and Accommodation assistance scheme	
Applicant Name / ಅರ್ಜಿದಾರರ ಹೆಸರು	Harish Ravindra Kaddimani	
Applicant Address / ಅರ್ಜಿದಾರರ ಠಾಣೆ	Test, Test APMC Yard PS, Ballari, Karnataka, 562131	
Mobile No / ಸಂಖ್ಯೆ ಸಂಖ್ಯೆ	1231231231	
Documents Submitted / ದಾಖಲಿಸಿದ ದಾಖಲೆಗಳು	Type of document(s)	Document(s) Attached
	Photograph	Photograph
	Photo Identity Proof	Voter Id old3
	Address proof	Aadhar Card old3
Payment Status / ಪಾವತಿ ಸ್ಥಿತಿ	Payment Paid Successfully/ಪಾವತಿ ಯಶಸ್ವಿಯಾಗಿ ಪಾವತಿಸಲಾಗಿದೆ	
Payment Mode / ಪಾವತಿ ವಿಧಾನ	Cash	
Transaction ID / ಸಂಖ್ಯೆ ಸಂಖ್ಯೆ	Not Applicable/ಅನ್ವಯಿಸುವುದಿಲ್ಲ	
Transaction Date and Time / ದಿನಾಂಕ ಮತ್ತು ಸಮಯ	27/09/2021	
Transaction Reference Number / ಸಂಖ್ಯೆ ಸಂಖ್ಯೆ (As applicable)	test	
Total Amount Paid / ಸಂಖ್ಯೆ ಪಾವತಿಸಿದ ಮೊತ್ತ	450.0	
Application Fee / ಸಂಖ್ಯೆ ಸಂಖ್ಯೆ	150	