

**Administration of
Dadra and Nagar Haveli, U.T.
Labour Department
Silvassa**

No. LEO/ BOCW/SWB/661/2019

Date: 14/06/2019

Read: Notification No. ADM/LEO/SWB/169/2012 dated 03/02/2012.

NOTIFICATION

In compliance with the Model Scheme for the welfare of the Building and Other Construction Workers and the Action Plan for strengthening the implementation machinery of the Government of India, Ministry of Labour and Employment and in partial modification of Notification mentioned at preamble (1) above and in exercise of the powers conferred by Section 22 of the Building and Other Construction Workers (Regulation of Employment and Conditions of Service) Act, 1996 (No 27 of 1996), the “Dadra and Nagar Haveli Building and Other Construction Workers Welfare Board” hereby revises the Welfare Schemes under the said Act as under:

**REVISED WELFARE SCHEMES UNDER THE BUILDING AND OTHER
CONSTRUCTION WORKERS (RE & CS) ACT, 1996**

1) Health and Maternity Cover:

- Enrollment of beneficiaries under the Pradhan Mantri Jan Arogya Yojna i.e “Ayushman Bharat”.
- Paid Maternity leave to registered construction workers ranging from 90 days to 26 weeks.
- Rs.10,000/- (Rupees Ten Thousand only) per delivery for up to two deliveries to the Wife of the registered construction workers, which will be in addition to any other benefit received from any Government Scheme in this regard.

Any registered worker can make an application in the prescribed Form – II shall be submitted to the Member Secretary (BOCWWB) for this benefit: provided that this benefit shall not be allowed for more than two children. The Board may sanction the amount if found eligible.

2) Pension : The member of the fund who has been working as a building worker and who is a member to the fund for not less than Ten year and paid contribution as notified by the Board regularly shall be eligible for pension of Rs 1500/- (Rupees One Thousand Five Hundred Only) per month after completion of 60 years.

It is also clarified that those BOC workers availing benefits under the ESIC, Act 1948, and the EPF&MP, Act 1952, will not be entitled to receive any similar benefits admissible under the welfare schemes formulated under the BOCW (RECS) Act, 1996.

Any registered worker can make an application in the prescribed Form – III to the Member Secretary (BOCW) for this benefit. The Board may sanction the amount if found eligible.

3) Assistance for construction of residential house : Any registered worker having not less than one year membership with the fund can make an application in prescribed Form – IV along with supporting documents to the Member Secretary (BOCW). The Board if satisfied, shall sanction an amount of contribution paid by the said beneficiary as his/her share towards construction of residential house i.e Rs 28,000/- (Rupees Twenty Eight Thousand Only) under Pradhan Mantri Awas Yojna (Gramin) and Rs 1,30,000/- (Rupees One Lakhs Thirty Thousand Only) for AHP, Rs 50,000/- (Rupees Fifty Thousand Only) for BLC under Pradhan Mantri Awas Yojna (Urban).

4) Disability Pension/ Assistance / Support: An application in the prescribed Form – V along with supporting documents to the Member Secretary (BOCW) shall be made by the member of the fund. The Board may sanction an amount of Rs 3,000/- (Rupees Three Thousand only) per month as disability pension to a member who is permanently disabled due to any reason.

5) Grant for the purchase of Tools: An application in the prescribed Form- VI to the Member Secretary (BOCW). The Board may sanction the grant for purchase of tools for an amount not exceeding Rs.10,000/- (Rupees Ten Thousand only) once in three year to those who have completed six months of the membership.

6) Payment of funeral assistance: An application in prescribed Form – VII shall be submitted to the Member Secretary (BOCW) in case of death of beneficiary or any *family* member of the beneficiary. The Board may sanction an amount of Rs.10,000/- (Rs Ten Thousand only) to the nominees/dependents towards funeral expenses.

- **Family – (1) his wife, in case of male beneficiary ; and
(2) her husband, in the case of female beneficiary ;**

7) Payment of Death Benefit: The Board may sanction an amount of Rs.4 Lakhs (Rupees Four Lakhs only) to the nominees/dependents of the member of the fund in case of death in the course of employment. If the death of the

member is due to any other reason an amount of Rs.2, 00,000/- (Rs Two Lakh Only) may be sanctioned to the nominees/ dependents.

An application in Form VIII shall be submitted to the Member Secretary (BOCWVB) along with death certificate issued by a Government Doctor/ Registered Medical Practitioner not below the rank of Medical Officer and Dependent, Heirship Certificate issued by Competent Authority shall be produced along with the application.

Member Secretary (BOCWVB) shall conduct an enquiry with regards to the eligibility of the applicant. The compensation should be disbursed in a definite time frame not exceeding 60 days from the date of death of the beneficiary.

8) Financial Assistance for education: The Board may sanction the financial assistance of upto two children of the members of the fund below :

Sr. No	Standard / Course	Amount of Assistance
1	Class 1 to 5	(Rs 1,800/- p.a.)
2	Class 6 to 10	(Rs 2,400/- p.a.)
3	Class 11 to 12	(Rs 3,000/- p.a.)
4	Graduation level, ITI Course, Polytechnic Diploma (3 years) and Technical courses like MBA, Engineering, Medicine, etc	(Rs 10,000/- p.a.)

It should be ensured that the beneficiary ward maintains 50% of the annual attendance in the class.

An application in Form XI shall be submitted to the Member Secretary (BOCWVB) along with necessary documents for availing the assistance under the scheme. The Board if satisfied may sanction the benefit.

Note: *In case if the amount of Fees paid is lesser then the notified amount as mentioned above. The amount mentioned in the Fee Receipt Shall be reimbursed to the Applicant.*

9) Financial assistance for Marriage : The Board may sanction financial assistance for marriage of self and for children (upto 2 children) of the building workers as under :

1.	Marriage of Female registered member	Rs 51,000/-
2.	Marriage of Male Registered member	Rs 35,000/-
3.	Marriage of Daughter of Registered member	Rs 51,000/-
4.	Marriage of Son of Registered member	Rs 35,000/-

A registered worker having not less than six months membership with the fund can make an application in the prescribed Form-X to the Member Secretary (BOCWWB) for assistance under this scheme.

10) Insurance Scheme: Enrollment of beneficiaries under the following scheme:

- (1) Pradhan Mantri Suraksha Bima Yojna
- (2) Pradhan Mantri Jeevan Jyoti Bima Yojna

11) Skill Development :

Convergence of skill development activities to the workers who has registered with the BOCW Board under “**Pradhan Mantri Kaushal Vikas Yojana**”. The workers who attend the training programme will be given financial assistance in the form of stipend i.e. Minimum Wages as notified by the U.T. Administration for skilled category.

12) Bus Pass: The Board will reimburse 50 % of the travelling cost of registered construction workers who travel by bus from various villages in search of work in U.T. of Dadra and Nagar Haveli.

13) Promoting Registration:

In order to encourage construction workers to register with the Board, the Board shall provide sleeping mat, blanket and mosquito net to registered construction workers.

14) Festival Travelling allowances:

The facility of travelling allowances will be reimbursed only to the registered beneficiaries once in a year. The payment of expenditure so incurred by the beneficiaries will be made at the actual fare from time to time or actual railway fare (not above sleeper category), on production of tickets of travelling made.

15) Distribution of Female Menstrual Hygiene Kit:

In order to increase the hygiene level during the Menstrual period of registered female workers, The Board shall provide Female Menstrual Hygiene Kit to registered female beneficiaries.

This issues with the approval of the Competent Authority vide in file no. LEO/Bldg. Workers/SWB/2009 dated 12/06/2019

(Rakesh Minhas)
Deputy Secretary (Labour)
Dadra and Nagar Haveli,
Silvassa

Copy to

- (1) The Deputy Director (O.L), Dadra and Nagar Haveli, Silvassa for Hindi Translation.
- (2) The Principal (I.T.I), I/C Govt. Printing Press D&NH, Silvassa for publication in the Official Gazette Extra Ordinary, Part - V, 25 Copies of published order may be sent to this department.
- (3) The Deputy Director (I.T.), to publish the same in website.

FORM II

APPLICATION FOR MATERNITY BENEFIT

1.	Name and address of applicant / Beneficiary	:	
2.	Registration No.	:	
3.	Date of Birth and Age	:	
4.	Name of Husband	:	
5.	Date of confinement	:	
6.	Have you applied for this benefit	:	
7.	If so how many times and give details	:	
8.	Date of registration	:	
9.	Date of payment of 1 st subscription and amount	:	
10.	Date of payment of last subscription and amount	:	
11.	Name of Bank and Place	:	
12.	List of Documents submitted (a) Copy of challans or copy of pass book (b) Medical Certificate in original	:	
13.	Mobile / Contact Number	:	
14.	Aadhar Number	:	
15.	(a) Bank Account Number (b) Name of Bank and Branch (c) IFSC Code of bank/branch	:	
	The facts furnished above are true to the best of my knowledge and information		

Place :

Name and Signature of Applicant

Date :

- Medical certificate to be obtained from Medical Officer not below the rank of Assistant Surgeon.

FORM III

**APPLICATION FOR REIMBURSEMENT OF SUBSCRIPTION UNDER
PENSION SCHEME**

1.	Name and address of applicant / Beneficiary	:	
2.	Registration No.	:	
3.	Date of completion of 60 years	:	
4.	Date of payment of 1 st subscription amount and Name of Bank	:	
5.	List of Documents	:	
	(a) Identity Card	:	
	(b) Pass Book	:	
6.	Mobile / Contact Number	:	
7.	Aadhar Number	:	
8.	Bank Account	:	
	Name of Bank and Branch	:	
	IFSC Code of Bank/ Branch	:	
The facts furnished above are true to the best of knowledge and information			
	Place		Name and Signature of Applicant
	Date		

FORM IV

**APPLICATION FOR ASSISTANCE FOR
CONSTRUCTION OF RESIDENTIAL HOUSE.**

1)	Name of Applicant/Beneficiary	
	Permanent Address	
	Present Address	
2)	Date of Birth and Age	
3)	Date of Registration	
4)	Amount of Loan	
5)	Purpose of Advance (New Construction/ Maintenance/Purchase of land with Building)	
6)	Whether the applicant has a house of his own (give details)	
7)	Details of Property	
	Town	
	Village	
	Taluka	
	District	
	Area	
	Survey No.	
8)	Whether the applicant has received any other loan (give details)	
9)	Estimate for construction/ Maintenance of building as per plan	
10)	Whether the applicant has received any loan in past from this board	
11)	Contact details / Mobile Number	
12)	Bank Account Details	
	Name of Bank and branch	
	IFSC Code of bank/branch	

DECLARATION

I hereby declare that the above statements are true and correct to the best of my knowledge and belief.

Place:

Signature of Applicant

Date:

- Plan and Estimate (Approved)
- Receipt of Contribution made under PMAY(G) / PMAY(U)
- Copy of Bank Pass Book/ Aadhar/ Identity Card.

FORM V

APPLICATION FOR DISABILITY PENSION

1)	Name and Address of Applicant/ Beneficiary	
2)	Date of Birth and Age	
3)	Registration No.	
4)	Date of payment of first subscription amount	
5)	Date of Last subscription amount	
6)	Nature of disability due to accident with percentage of loss of earning capacity	
7)	Period of treatment as patient in Government Hospitals/ Private Hospitals	
8)	Whether treatment has been taken in Government Hospital or not	
9)	Medical Expenses (copy of bills)	
10)	Copies of Medical Certificate	
11)	Details of benefits availed from this board earlier	
12)	Details of benefits received, if any from Government or any other institution. For the said treatment	
13)	Mobile/ Contact Number	
14)	Aadhar Number	
15)	Bank Account Number	
	Name of Bank and Branch	
	IFSC Code of Bank / Branch	
	The facts furnished above are true to the best of my knowledge and information.	
	Date:	Signature of Applicant
	Place:	

FORM VI

APPLICATION FOR GRANT PURCHASE OF TOOLS

1)	Name and address of the Applicant / Beneficiary	
2)	Registration No.	
3)	Date of Birth and Age	
4)	Monthly Income	
5)	Particulars of Tools/ Instruments to be purchased	
	Description	
	Make	
	Model	
	Cost of Tools/ Invoice (copy)	
	Name and address of supplier/ dealer	
6)	Number of years of Membership with the Board	
7)	Date of first subscription	
8)	Date of Last subscription	
9)	Amount of grant applied for	
10)	Mobile Number	
11)	Bank Account Number	
	Name of Bank/ Branch	
	IFSC Code of Bank/Branch	
12)	Aadhar Number	

Declaration

- I confirm that the funds/ grant will be used for the stated purpose only and will not be used for speculation and / or anti-social purpose.
- I understand that the Board has the right to recall the funds /grants if they are not used for the stated purpose.
- I understand that the sanction of the facility is at the discretion of the Board and I will execute necessary Security documents as per the Boards requirements to its satisfaction.
- I shall furnish an utilization certificate along with cash memo within a month of receipt of the amount of grant.

Place
Date

Signature

FORM VII

APPLICATION FOR FUNERAL ASSISTANCE

1)	Name & Address of Applicant	
2)	Relationship of Applicant with the Worker/ Beneficiary	
3)	Name and Registration Number of Beneficiary	
4)	Date of Registration	
5)	Duration of Membership	
6)	Date of Death of the Worker	
7)	Cause of Death / Date (attach Death Certificate)	
8)	Whether the Applicant/ Applicant's are Nominee of the worker (Attach Dependents Certificate)	
9)	Whether Nominees are minor	
	Age:	
	Relation :	
	Name of Guardian:	
10)	Amount of Benefit, applied for	
11)	Mobile/ Contact details	
12)	Aadhar Number:	
13)	Bank Name, Address and IFSC Code.	
	The facts mentioned above are true to the best of my / our knowledge and information	
	PLACE;	
	DATE:	SIGNATURE

FORM VIII

APPLICATION FOR PAYMENT OF DEATH BENEFIT

1)	Name & Address of Applicant	
2)	Relationship of Applicant with the Worker/ Beneficiary	
3)	Name and Registration Number of Beneficiary	
4)	Date of Registration	
5)	Duration of Membership	
6)	Date of Death of the Worker	
7)	Cause of Death / Date (attach Death Certificate)	
8)	Whether the Applicant/ Applicant's are Nominee of the worker (Attach Dependents Certificate)	
9)	Whether Nominees are minor	
	Age:	
	Relation :	
	Name of Guardian:	
10)	Amount of Benefit, applied for	
11)	Mobile/ Contact details	
12)	Aadhar Number:	
13)	Bank Name, Address and IFSC Code.	
	The facts mentioned above are true to the best of my / our knowledge and information	
	PLACE;	
	DATE:	SIGNATURE

FORM IX

APPLICATION FOR MEDICAL ASSISTANCE TO THE BENEFICIARY

1)	Name and address of the applicant/ beneficiary	
2)	Date of Birth and Age	
3)	Registration Number	
4)	Details regarding disease/ surgery	
5)	Disability if any,due to disease or surgery	
6)	Period of treatment as patient in Hospital	
7)	Details of medical benefits received from the board before.	
8)	Whether treatment as indoor patient.	
9)	Whether treatment has been taken in Govt. Hospital or not ?	
10)	Mobile Number/ Contact Details	
11)	Aadhra Number	
12)	Bank Account Number/ Name of Bank/Branch and IFSC Code.	
	The facts mentioned above are true to the best of my knowledge and information.	
	Place;	
	Date	Signature

FORM X

APPLICATION FOR MARRIAGE ASSISTANCE

1)	Name of Applicant / Beneficiary	
2)	Address	
3)	Registration No.	
4)	Date of Birth and Age.	
5)	Duration of Membership	
6)	Marriage of Self/Daughter / Son	
7)	Place of Marriage	
8)	Date of Marriage	
9)	Marriage Certificate (in case marriage has already taken place)	
10)	Mobile / Contact Details	
11)	Aadhar Number	
12)	Bank Account Number, Name of Bank /Branch, IFSC Code of Bank/ Branch.	
	The above mentioned facts are true to the best of my Knowledge and information.	
	Date	
	Place	Signature

FORM XI

Application for Financial Assistance for Education

1)	Name of Applicant / Beneficiary	
2)	Address	
3)	Registration No.	
4)	Mobile / Contact Details	
5)	Aadhar Number	
6)	Bank Account Number, Name of Bank /Branch, IFSC Code of Bank/ Branch.	

(7) Details of Children

Sr.No	Sequence	Name	DOB	Age
1	1 st Child			
2	2 nd Child			
3	3 rd Child			

(8) Details of School where Children are Enrolled:

Sr.No	Sequence	Name Of School/ College	Address	Std
1	1 st Child			
2	2 nd Child			
3	3 rd Child			

Certified that amount shown in the Receipt has actually been paid by me. Further it is Certified that I or my Husband/Wife has not claimed this re-imburement from any other source and will not claim the same in future: The above mentioned facts are true to the best of my Knowledge and information.

Date

Place

Signature

➤ Original Fee Receipt.