

Labour –Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 –Tamil Nadu Manual Workers (Construction Workers) Welfare Scheme1994 and Tamil Nadu Manual Workers Social Security and Welfare Scheme, 2006 and 12 other Welfare Schemes - Amendment to Schemes-Notified.

LABOUR AND EMPLOYMENT (I1) DEPARTMENT

G.O.(Ms.) No 122 Dated: 24.10.2008

Read the following:-

- 1. G.O. Ms. No.198, Labour and Employment, dated 4.10.1994.
- 2. G.O.Ms.No.73, Labour and Employment, dated 1.9.2006.
- 3. G.O.Ms.No.74, Labour and Employment, dated 1.9.2006.
- 4. G.O.Ms.No.75, Labour and Employment, dated 1.9.2006.
- 5. G.O.Ms.No.77, Labour and Employment, dated 1.9.2006.
- 6. G.O.Ms.No.78, Labour and Employment, dated 1.9.2006.
- 7. G.O.Ms.No.79, Labour and Employment, dated 1.9.2006.
- 8. G.O.Ms.No.80, Labour and Employment, dated 1.9.2006.
- 9. G.O.Ms.No.81, Labour and Employment, dated 1.9.2006.
- 10. G.O.Ms.No.82, Labour and Employment, dated 1.9.2006.
- 11. G.O.Ms.No.83, Labour and Employment, dated 1.9.2006.
- 12. G.O.Ms.No.84, Labour and Employment, dated 1.9.2006.
- 13. G.O.Ms.No.85, Labour and Employment, dated 1.9.2006.
- 14. G.O.Ms.No.86, Labour and Employment, dated 1.9.2006.
- 15. G.O.Ms.No.87, Labour and Employment, dated 1.9.2006.
- 16. G.O.Ms.No.88, Labour and Employment, dated 1.9.2006.
- 17. From the Secretary, Tamil Nadu Manual Workers Welfare Board, Letter No. TNMWB/76090/06 dated 26.12.2006
- 18. From the Commissioner of Labour, Letter No. Z3/28788/2005, dated 5.2.2007.

Read also:-

- 19. G.O. Ms. No. 23, Labour and Employment, dated 4.3.2008.
- 20. From the Commissioner of Labour, Letter No. Z3/12875/2008, dated 27.5.2006 and 29.5.2008.
- 21. From the Commissioner of Labour, Letter No. C2/33936/2008, dated 26.6.2008
- 22. From the Commissioner of Labour, Letter No. W1/112875/2008, dated 7.8.2008.

ORDER:

In exercise of the powers conferred by section 4 of the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 after consultation with the Advisory Committee, the Government hereby issue necessary amendments to the 14 Welfare Schemes as appended to this draft order.

- 2. The appended notifications will be published in the Extraordinary issue of the **Tamil Nadu Government Gazette.**
- 3. The Works Manager, Government Central Press, Chennai-79 is requested to send 25 copies of the Gazette in which the notifications is published for reference and record to the Government and 35 copies to the Commissioner of Labour, Chennai 6.
- 4. The Secretary to Government, Tamil Development Religious Endowments and Information (Translation) Department, Secretariat, Chennai-9 is requested to send the Tamil translation of the Notifications to the Works Manager, Government Central Press, Chennai-9.

(By Order of the Governor)

T. PRABHAKARA RAO Principal Secretary to Government

To

The Works Manager, Government Central Press, Chennai-79.

(for publication of the notification in the Tamil Nadu Government Gazette)

The Secretary to Government,

Tamil Development, Religious Endowments and Information (Translations) Department, Chennai-600 009.

The Commissioner of Labour, Chennai-600 006.

The Law Department, Chennai-600 009.

Copy to:

The Secretary, Tamil Nadu Manual Workers Welfare Board, Chennai.600 102.

The Secretary, Tamil Nadu Domestic Workers Welfare Board,

Chennai-600102.

The Secretary, Tamil Nadu Construction Workers Welfare Board.

No. 8 Valluvar Kottam High Road, Chennai 600 034.

Finance Department, Chennai 600 009.

The Secretary to Chief Minister, Chennai-600 009

The Senior Personal Assistant to Minister for Labour,

Chennai-600 009.

The Private Secretary to the Principal Secretary to Government, Labour and Employment Department, Chennai-600009.

//FORWARDED BY ORDER//

SECTION OFFICER

PUBLISHED IN TAMIL NADU GOVERNMNT GAZETTE EXTRAORDINARY NO.328, PART-II SECTION 2 DATED 31.10.2008 AND THE AMENDMENTS HEREBY MADE SHALL COM E INTO FORCE ON THE 31 ST OCTOBER 2008.

PUBLISHED IN TAMIL NADU GOVERNMNT GAZETTE EXTRAORDINARY NO.328, PART-II SECTION 2 DATED 31.10.2008 AND THE AMENDMENTS HEREBY MADE SHALL COM E INTO FORCE ON THE 31 ST OCTOBER 2008

APPENDIX.

NOTIFICATION-I.

In exercise of the powers conferred by section 4 of the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 (Tamil Nadu Act 33 of 1982), the Governor of Tamil Nadu, after consultation with the Advisory Committee, hereby makes the following amendments to the Tamil Nadu Manual Workers (Construction Workers) Welfare Scheme, 1994.

2. The amendments hereby made shall come into force on the 31st day of October, 2008.

AMENDMENTS.

In the said Scheme,-

- (1) in clause 2,-
 - (i) after item (a), the following item shall be inserted, namely:-
 - "(aa) "family", means-
 - (i) in the case of male member, his wife, children whether married or unmarried, dependent parents and the widow and children of the deceased son of the member:
 - (ii) in case of a female member, her husband, children, dependent parents and widow and children of a deceased son of the member:";
 - (ii) in item (c), for the expression "fifteen years", the expression "eighteen years" shall be substituted;
- (2) in clause 3, for item (2) the following item shall be substituted, namely:-
 - "(2) Personal Accident Relief;";
- (3) in clause 5,-
 - (i) in sub-clause (1), after the expression "Board", the expression "through the Labour Officer (Social Security Scheme) of the respective District" shall be inserted;
 - (ii) in sub-clause (2),-
 - (a) after the expression "such registration shall be made", the following

expression shall be inserted, namely:-

"in duplicate to the Labour Officer (Social Security Scheme) of the respective district,";

- (b) after item (d), the following item shall be added, namely:-
- "(e) Village Administrative Officer concerned and for Chennai district the Revenue Inspector concerned.";
- (iii) for sub-clause (4), the following sub-clause shall be substituted, namely:-
- "(4) (a) The registration of the name of the manual worker with the Board shall be made by the Labour Officer (Social Security Scheme) of the respective District after due verification by the respective Village Administrative Officer and for Chennai district by the Revenue Inspector concerned.
- (b) The registration under this clause is valid for a period of two years or when the registered manual worker attains the age of sixty years whichever is earlier.";

(4) in clause 5-A,-

- (i) in sub-clause (1), after the expression "Board", the expression "through the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
- (ii) in sub-clause (5), for the expression "Board", the expression "Board, through the Labour Officer (Social Security Scheme) of the respective district," shall be inserted;
- (iii) in sub clause (7), after the expression "Board" the expression "through the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
 - (iv) after sub-clause (7), the following sub-clause shall be added, namely:-
- "(8) Where the nomination made is incomplete or becomes void, the assistance shall be released to the legal heirs of the deceased registered manual worker.";
- (5) in clause 6, for the expression "the Secretary or any other officer authorised in this behalf by the Board" the expression "the Labour Officer (Social Security Scheme) of the respective District after due verification" shall be substituted;
- (6) in clause 6 A, in sub-clauses (1) and (2), for the expression "Secretary", the expression "Labour Officer (Social Security Scheme) of the respective district "shall be substituted;
- (7) in clause 7, after the expression "Board", the expression "through the Labour Officer (Social Security Scheme) of the respective district after verification" shall be substituted;
- (8) in clause 8, in sub-clause (1), after the expression "The Board", the following

expression shall be inserted, namely:-

"and the Labour Officer (Social Security Scheme) of the respective district";

- (9) for clause 11, the following clause shall be substituted, namely:-
 - "11. Personal Accident Relief:- (1) All registered manual workers when met with an accident are eligible for Personal Accident Relief and where the accident results in death, their nominees are eligible for Personal Accident Relief.

Explanation. For the purpose of this clause, "accident" means any bodily injury or death or loss of limbs or loss of sight resulting to a registered manual workers solely and directly from accident arising out of and in the course of his employment but does not include any intentional self injury, suicide, attempted suicide, injury caused while under the influence of intoxicating liquor or drugs or caused by insanity or resulting from the commission of any breach of the law, or rules, regulations or instructions applicable, from time to time.

(2) The risk covered by the Personal Accident Relief scheme and the amount of compensation payable shall be as follows:-

(a) Death .. Rs.1,00,000

(b) Loss or actual physical separation of or total and irrecoverable loss of use of::-

- (i) both hands; or
- (ii) both feet; or
- one hand and one foot; or (iii)
- total and irrecoverable loss of (iv) sight in both eyes

(c) Loss or actual physical separation of or total and irrecoverable loss of use of:-

- one hand; or (i)
- (ii)

total and irrecoverable loss of sight in one eye. (iii)

(d) Permanent total disablement from injuries other than

(e) Permanent partial disablement as specified in column (1) of the Table below

At the rate specified in the corresponding entry in column (2) of the Table below

-.. Rs.1,00,000

THE TABLE.

Nature of disablement	Compensation in pe (to be applied on Rs.1	_
(1)	(2)	
		PERCENT
1. Loss of toes	All	20
	Great both phalanges	5
	Great one phalanx	2
	Other than great, if	1
	more than one toe lost, each	
2. Loss of hearing	Both ears	50
3. Loss of hearing	One ear	15
4. Loss of four fingers and thumb of one hand		40
5. Loss of four fingers		35
6. Loss of thumb	Both Phalanges	25
7. Loss of index finger	Three Phalanges	10
	Two Phalanges	8
	One Phalanx	4
8. Loss of middle finger	Three Phalanges	6
	Two Phalanges	4
	One Phalanx	2
9. Loss of ring finger	Three Phalanges	5
	Two Phalanges	4
	One Phalanx	2
10. Loss of little finger	Three Phalanges	4
	Two Phalanges	3
	One Phalanx	2
11. Loss of Metacarpals		
1 st or 2 nd	(additional)	3
3 rd 4 th or 5 th	(additional)	2
12. Any other permanent partial disablement	ass	rcentage as sessed by the octor

(3) Claim.- (a) Immediately upon the happening of any accident to a registered manual worker while in pursuit of his employment resulting in death or loss of limbs or loss of sight, the employer who has employed him shall send a report to the Labour Officer (Social Security Scheme) of the respective district and to the Police in Form B in Schedule II, on the same day of such accident. The Labour Officer (Social Security Scheme) of the respective district shall investigate the accident occurred, in the work place.

- (b) In case of injury or loss of limbs or loss of eyesight specified in items (b) to (e) of sub-clause (2), the claim shall be made by the registered manual worker concerned and in the event of death of a registered manual worker within the work place, the claim shall be made by the nominee in Form C in Schedule II, in duplicate.
- (c) In case of death of a registered manual worker due to accident arising out of and in the course of employment, First Information Report, death certificate and post-mortem certificate issued by an authority who is competent to issue such certificate or any other documents called for by the Labour Officer (Social Security Scheme) of the respective district shall be produced by the claimant. If there is delay for more than thirty days in getting the post-mortem certificate, the certificate given by the Tahsildar in this regard shall be produced.
- (d) In case of loss of limbs or loss of eyesight or partial disablement due to accident arising out of and in the course of employment, the claimant should produce First Information Report, discharge summary, medical certificate, disability certificate with percentage of disability issued by a medical officer not below the rank of a Civil Assistant Surgeon or by a Government Medical Officer who treated the claimant.
- (e) The Labour Officer (Social Security Scheme) of the respective district shall, after due verification, sanction the compensation to the claimant";
- (10) in clause 13, in sub-clause (2),-
 - (i) in item (a), for the expression "to the Board in such form as may be prescribed by the Board in this behalf.", the expression "in Form-CC to the Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
 - (ii) in the proviso to item (a), for the expression "Board", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
 - (iii) in item (b) and in the proviso thereto, for the expression "Board", wherever it occurs, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
 - (11) in clause 14, in sub-clause (1), for the expression "Secretary, or any other officer authorised in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district, after due verification" shall be substituted;
 - (12) in clause 14A, in sub-clause (1), for the expression "Secretary or any other officer authorised in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district, after due verification" shall be substituted;
 - (13) in clause 15,-
 - (i) for sub-clause (1), the following sub-clause shall be substituted, namely:-

"(1) The assistance for the education of the children of a registered manual worker shall be sanctioned by "the Labour Officer (Social Security Scheme) of the respective district" after due verification as specified in Table below:-

THE TABLE

Serial	Form	Course of Study	Day S	Scholar	Hos	steller
Numbe			Boys	Girls	Boys	Girls
r			Rs.	Rs.	Rs.	Rs.
-1-	-2-	-3-	<u> </u>	-4-		-5-
- 1	FFF	Educational	Assistance			1
1	EEE	10 th Std. Studying- Girl children only		1,000		
2	Е	10 th Std. passed	1,000	1,000		
3	EEE	11 th Std. Studying- Girl children only		1,000		
4	EEE	12 th Std. Studying – Girl children only		1,500		
5	Е	12 th Std., passed	1,500	1,500		
6	EE	Studying regular Bachelor Degree course (Every academic year)	1,500	1,500	1,750	1,750
7	EE	Studying regular Post Graduate course (Every academic year)	2,000	2,000	3,000	3,000
8	EE	Studying regular Professional Course in Law, Engineering, Medicine, Veterinary, Science and allied courses (Every academic year)	2,000	2,000	4,000	4,000
9	EE	Studying regular Post Graduate Professional Course in Law, Engineering, Medicine, Veterinary, Science and allied courses (Every academic year)	4,000	4,000	6,000	6,000
10	EE	Studying ITI or Polytechnic course (Every academic year)	1,000	1,000	1,200	1,200

⁽ii) for sub-clause (3), the following sub-clause shall be substituted, namely:-

[&]quot; (3) The application for assistances specified in serial numbers 2 and 5 in column (1) of the Table in sub-clause (1), shall be in Form E in Schedule II, to be

submitted after passing of the course, the application for assistances specified in serial numbers 6 to 10 in column (1) of the said Table shall be in Form EE in Schedule II to be submitted before completion or passing of the course, and the application for assistances specified in serial numbers 1,3 and 4 shall be in Form EEE in Schedule II to be submitted before completion or passing of the course.";

- (14) in clause 16, in sub- clause (1), for the expression "The Secretary or any other officer authorised in this behalf by the Board, shall on an application from a registered manual worker,", the expression "The Labour Officer (Social Security Scheme) of the respective district shall, on an application from a registered manual worker, after due verification", shall be substituted;
- (15) in clause 17, for sub-clause (1), the following sub-clause shall be substituted, namely:-
 - "(1) The Labour Officer (Social Security Scheme) of the respective district shall, on an application from a registered Women manual worker, sanction the assistance as indicated below, after due verification of the proof produced by her of the pregnancy or delivery of a child by her or the miscarriage of her pregnancy or the termination of her pregnancy:-
 - (i) Pregnancy Rs.6,000/(Rs.3,000/- shall be paid on the seventh month of pregnancy and remaining Rs.3,000/- shall be paid on delivery of the child)
 - (ii) Miscarriage of pregnancy Rs.3,000/-
 - (iii) Termination of pregnancy Rs.3,000/-.";
- (16) in clause 17-A,-
 - (i) in sub-clause (1), for the expression "Secretary or any other officer authorised in this behalf by the Board, shall, on an application from a registered manual worker," the expression "Labour Officer (Social Security Scheme) of the respective district, shall, on an application from a registered manual worker, after due verification" shall be substituted;
 - (ii) for sub-clause (2), the following sub-clause shall be substituted, namely:-
 - "(2) The assistance shall be restricted to 65 registered manual workers, depending upon the applications received per year in each district on "First Come-First Serve" basis.";

- (17) in Schedule II,-
 - (a) for Form A, the following Form shall be substituted, namely:-

"FORM – A

[*See* clause 5 (2)]

APPLICATION FOR REGISTRATION

To					
The Labour Officer	(Social Security Sch	eme),			
	district.				Affix
					Passport
Registration No					size
(to be filled in by the	ne Registration Autho	ority)		pl	notograph
1. Name of the Wor	rker	:			
2. Name of the Fath	ner/Husband	:			
3. Date of birth					
(Enclose Xerox o	copy of evidence	Day	Month	Year	
in proof duly atte	ested by a Group A or	•			
Group B officer)	*				
4. Marital status					
(Whether mar	ried, unmarried, wide	ow/widower):			
5. Permanent addre	SS	:			
6. Present address		:			
7. State whether sel	lf-employed or emplo	yed:			
8. If employed, furr	nish the name and add	dress			
of the establishmer	nt and also the name ar	nd			
address of the em	ployer/contractor	:			
9. Nature of work		:			
10. Number of year	rs engaged in the emp	loyment			
as on the date	of application	:			
11. Particulars of the members of the family					
Sl. No.	Name	Age	R	Relationship	Marital status
(1)	(2)	(3)		(4)	(5)

Sl. No.	Name	Age	Relationship	Marital status
(1)	(2)	(3)	(4)	(5)

12. (a) Whether the wife/husband is employed?:

(b) If so furnish details

Signature of the manual

worker

DECLARATION BY THE APPLICANT**

I declare that I am not registered as a member in any other Manual Workers Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Signature or left hand thumb impression of the manual worker. (Left hand thumb impression to be attested by the Registration Authority)

Labour Officer (Social

Security Scheme)district.

* (i) Birth Certificate or (ii) School Certificate or (iii) Driving license or (iv) Ration Card or (v) Voter's identity card or (vi) Certificate from Registered Medical Practitioner not below the rank of

Civil Surgeon of a Government Hospital in the prescribed format with the signature of the manual worker.

**Any false declaration / certification will entail legal action.

<u>CERTIFICATE OF</u>	<u>FEMPLOYMENT</u>
Certified that the particulars furnished by regarding employment as a manual worker in the of my knowledge and belief. Place: person / Date: Certificate	Thiru/Thirumathi/ Selvi, application for registration are true to the best Signature and name of the Officer issuing the
**Any false declaration / certification will entail	legal action.
After due verification it is certified that and the proof are found correct and recommended	at the particulars furnished in the application
Place:	Village Administrative Officer /
Date:	Revenue Inspector (for Chennai district)
Office Note:- Application and proof verified. The recommendation of the	s Welfare Board.

ACKNOWLEDGEMENT SLIP

	hiru/Tmtresiding at
Office Seal: Scheme)	Signature of the Labour Officer (Social Security
	Name : Designation: ";
(b) for Form	n B, the following Form shall be substituted, namely:-
	"FORM-B [See clause 11(3) (a)]
	ACCIDENT INTIMATION FORM
To The Labour Officer (Social S distric	· · · · · · · · · · · · · · · · · · ·
To The Inspector /Sub-Inspector	of Police,
Sir,	
employed in the construction suffered loss of limbs/loss of	i/Selvan son of/wife of/daughter of
Date:	(Signature of the
Employer)	Address:
	Signature of the worker / nominee.";

(c) for Form C, the following Form shall be substituted, namely:-

"FORM C

[See clause 11(3)(b)]

APPLICATION FOR PAYMENT OF COMPENSATION FOR ACCIDENTAL DEATH/ DISABILITY

The Labour C	Officer (Social Security Scheme) district.	
1.	(a) Name of the registered manual worker (b)Address (in full)	r }
	(on the date of death/ disability)	:
	(c) Age	
	(d) Registration number and date of	
	initial registration	•
	(e) Renewal date	:
	(f) Occupation	:
2.	(a) Area	:
	(b) Place	:
	(c)Taluk	:
	(d) District	:
3.	(a) Name of the nominee	:
	(b) Relationship with the deceased worker	r
	(in the case of accidental death only)	
	(c) Age of the nominee	:
	(d) Address in full (with PIN Code No.)	:
4.	Whether the claimant is the registered man	ual worker
	himself (in the case of accidental	
	disability) or the nominee of the	

To

registered manual worker? 5. Date and time of accident 6. Place of accident (a) at the work place (b) outside the work place 7. Whether intimation regarding accident has been given in Form B as per clause 11 (3) (a)? 8. Whether the accident resulted in death/ loss of limb/loss of eye sight/partial injury? 9. In the case of accidental disability, a certificate from a Civil Surgeon of the Government Hospital indicating the percentage of disability due to accident with details should be obtained and enclosed in original. 10 (i) Date and time of death (in the case of accidental death): (ii) Attested copy of First Information Report from the Police Station nearer to the place of accident to be enclosed (iii) Post-Mortem Certificate and final Investigation Report should be sent in original (iv) Death Certificate (attested copy) should be enclosed Signature of the registered manual worker / nominee in case of death. **DECLARATION BY THE CLAIMANT**** I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for accidental death/disability. I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes. Place Signature of the registered manual Date worker / nominee in case of death.

Place: Labour Officer (Social Security Scheme)

Date:			District.
	<u>A C K N O W L I</u>	EDGEMENTS	SLIP
of assistand worker Selv	ce towards accidental death/dis	sability in respect of (Registration	deceased registered manual n Number)/registered tion Number).
		Offic	Signature of the Labour
		with	(Social Security Scheme)
			district
Office S	eal:	Name: Designation:	". · · ,
		<u>FORM – CC</u> clause 13(2)(a)]	
	APPLICATION FOR PE	NSION / DISABIL	ITY PENSION
	Officer (Social Security Schem district. the applicant	e)	Passport Size photograph duly signed
2. Address is to be	n full (to which pension sent) (with PIN code)	:	
(Origina	ion number and date I Identity Card should be enclose date of completion of	: ed)	
5. Date of c	ars of age completion of continuous period of		
6. Whether	as registered worker of the Boar the registration has been renewed without any default? If so,		
	ay be furnished	:	
Sl.	Date of initial registration/	Period of validity	of registration/renewal
No	subsequent renewal	From	To

S	1. Date of initial registration/	Period of validity of	registration/renewal
N	subsequent renewal	From	To
(1	(2)	(3)	(4)

7. Whether the applicant has become disabled due to sickness and incapacitated from normal work? (If so, a certificate by a Medical Office not below the rank of Civil Surgeon of the C Hospital under his name and seal should be enclosed in original) :	
8. Whether in receipt of any other pension?	
If so, furnish complete details,	:
worker /	Signature of the registered manual
	nominee in case of death.
DECLA	RATION**
knowledge and information. I am not a register found that any of the information given by m	mentioned above are true to the best of my red worker of any other Board. If ultimately it is he is false, I agree to refund the entire amount besides any other action that may be deemed fit
	eceived similar benefits by claim in any other Government of Tamil Nadu or under any other
Place: Date:	Signature/Thumb impression Name:
**Any false declaration / certification will enta Note: 1. Besides the photograph affixed above size photograph should be enclosed with 2.Incomplete applications will not be con-	il legal action. another passport h the application.
I hereby sanction, after due verif	SANCTION ication, a monthly pension of Rs with effect from
Place: Date:	Labour Officer (Social Security Scheme)district.
<u>A C K N O W L E D</u>	GEMENT SLIP
	(Address in full)
application for sanction of pension / disability p	pension. (Registration No) Signature of Labour Officer

(Social Security Scheme) with datedistrict
Name:
Office Seal:
Designation:.";

(e) for Form D, the following Form shall be substituted, namely:-

"FORM - D

[See clauses 14 (2) and 14A (2)]

APPLICATION FOR GRANT OF FUNERAL EXPENSES/NATURAL DEATH ASSISTANCE

To
The Labour Officer (Social Security Scheme)
district.

- 1. Name of the deceased registered manual worker:
- 2. Address (in full at the time of death):
- 3. Age (on the date of death):
- 4. Nature of work:
- 5. (a) Registration Number and date of initial registration (Original identity card should be enclosed).
 - (b) Date of last renewal, indicating the period upto which renewed

6. (a) Place of death (b) Date of death (c) Cause of death (to be indicated clearly): (Avoid indicating as "Natural Death") (Death certificate in original should be enclosed): 7. (a) Name of the nominee: Age of the nominee (in completed years): (b) (c) Address of the nominee in full indicating PIN Code: Relationship of the applicant with the deceased (d) registered manual worker. Signature of the nominee of the registered manual worker **DECLARATION OF THE NOMINEE**** I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for death/funeral expenses of the deceased manual worker. I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes. Place: Date: Signature of the nominee registered manual worker **Any false declaration / certification will entail legal action. 24. **CERTIFICATE**** I hereby certify that the particulars furnished in the application are correct. Member, Tamil Nadu Construction Workers Welfare Board / President / Secretary of the Registered Trade Union / Assistant Place: Date:

Inspector of Labour concerned / Any other officer permitted to give employment certificate.

**Any false declaration / certification will entail legal action.

CANCTION

SANCTION
1. I hereby sanction after due verification asum of Rs/- (Rupeesonly) as assistance to Thiru./Tmt./Selvinominee / nominees for the funeral of Thiru/Thirumathi/Selvia registered manual worker.
2. I hereby sanction after due verification a sum of Rs. /-(Rupees only) as assistance to Thiru./Tmt./Selvinominee /
nominees, on the natural death of Thiru/Thirumathi/Selvi

Place:	Labour Officer (Social Security Scheme)
Date:	district.
<u>A C</u>	KNOWLEDGEMENT SLIP
Received from Selvi/Th	iru/Tmt claim
	neral/Natural death assistance in respect of deceased registered nt
	Signature of the Labour Officer
	(Social Security Scheme) with date
	district
	Name:
Office Seal:	Designation:.";

(f) for Form E, the following Form shall be substituted, namely:-

"FORM - E

[See clause 15 (3)]

APPLICATION FOR EDUCATIONAL ASSISTANCE FOR PASS IN 10th STANDARD AND 12th STANDARD EXAMINATION

10
The Labour Officer (Social Security Scheme)
district.

- 1. Name of the registered manual worker.
- 2. (a) Registration Number and date of initial registration.

(Original Identity card should be enclosed).

- (b) Date of last renewal, indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered manual worker: -

	Sl.	Name	Relationship with the registered	Age
--	-----	------	----------------------------------	-----

No.		manual worker	
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought for:-

Sl.	Name	Data af Divida	Examination	Month and	Name of the
No.	(Son/Daughter)	Date of Birth	passed	Year of Pass	School studied
(1)	(2)	(3)	(4)	(5)	(6)

Note:- Xerox copy of the Mark Sheet in support of having passed the Examination, duly attested by a

Group A or Group B Officer should be enclosed.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing assistance Rs.	Amount of assistance (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)

Signature of the registered manual worker.

DECLARATION BY THE APPLICANT**

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance. I further declare that I have not availed similar assistance from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place: Date: worker	Signature of the registered manual
**Any false declaration / certification will entail legal ac	ction.

25. <u>CERTIFICATE**</u>

I hereby certify that the particulars furnished in the application are correct.

Member, Tamil Nadu Construction Workers Welfare Bo	oaru /				
President / Secretary of the Registered Trade Union / Ass	sistant				
Inspector of Labour concerned / Any other officer permitted to					
give employment certificate.					
ification will entail legal action.					
SANCTION					
spect of Selvan/Selvi, *son / *daughter of					
Labour Officer (Social Security Scheme)					
Labour Officer (Social Security Scheme)district.					
pplicable.					
KNOWLEDGEMENT SLIP					
` -	.)				
Signature of the Labour					
Officer					
(Social Security Scheme) with date					
distric	t				
Name:					
Designation:.";					
lι e g	Inspector of Labour concerned / Any other officer permi give employment certificate. tification will entail legal action. SANCTION due verification, a sum Rs/- (Rupeesonly espect of Selvan/Selvi, *son / *daughter of gistered manual worker (Registration Number). Labour Officer (Social Security Scheme)district. applicable. CKNOWLEDGEMENT SLIP Fint				

(g) for Form EE, the following Form shall be substituted, namely:-

"FORM - EE

[See clause 15 (3)]

APPLICATION FOR EDUCATIONAL ASSISTANCE FOR HIGHER EDUCATION

To

The Labour Officer (Social Security Scheme)

..... district.

- 1. Name of the registered manual worker.
- 2. (a) Registration Number and date of initial registration (Original identity card should be enclosed).
 - (b) Date of last renewal indicating the period upto which renewed :
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered manual worker

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought:-

Sl. No.	Name	Date of Birth	Name of the course studying	Duration of the course	Name of the College/Institution with address in full
(1)	(2)	(3)	(4)	(5)	(6)

Note: - Certificate from the Principal of the College/Educational institution to the effect that the son or daughter of the registered manual worker is studying the course indicating whether a day scholar or hosteller should be enclosed in original.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing assistance Rs.	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature of the registered manual worker

DECLARATION BY THE APPLICANT**

•

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby de	eclare that I have not received similar benefit by claim from any other		
Welfare Board or Bo	ards constituted by the Government of Tamil Nadu or under any other		
Government Scheme	S.		
Place:			
Date:	Signature of the registered manual worker.		
**Any false declarat	ion / certification will entail legal action.		
	26. <u>CERTIFICATE**</u>		
I hereby o	eertify that the above particulars furnished in the application are correct.		
	Member, Tamil Nadu Construction Workers Welfare Board /		
Place:	President / Secretary of the Registered Trade Union / Assistant		
Date:	Inspector of Labour concerned / Any other officer permitted to give employment certificate.		
**Any false declarat	ion / certification will entail legal action.		
	<u>SANCTION</u>		
only) toward	hereby sanction after due verification for payment of Rs/- (Rupees s educational assistance in respect of Selvan/Selvi(*son /*daughter) registered manual worker (Registration number).		
Place:	Labour Officer (Social Security Scheme)		
Date	district		
* Strike out whichev	er is not applicable.		

ACKNOWLEDGEMENT SLIP

Received from Thiru/Tmt	registered manual worker (Registration No.
) claim application for sanction	n of educational assistance.
	Signature of the Labour Officer
	(Social Security Scheme) with date
	district Name:
Office Seal :	Designation:":

(h) for Form EEE, the following Form shall be substituted, namely :-

"FORM - EEE

[See clause 15 (3)]

APPLICATION FOR EDUCATIONAL ASSISTANCE FOR GIRL CHILDREN STUDYING IN $10^{\rm TH}$ STANDARD/ $11^{\rm TH}$ STANDARD/ $12^{\rm TH}$ STANDARD.

То
The Labour Officer (Social Security Scheme)
district.

- 1. Name of the registered manual worker.
- 2. a) Registration Number and date of initial registration (Original identity card should be enclosed).
 - b) Date of last renewal indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered manual worker :

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the daughter for whom educational assistance is sought for:-

Sl. No.	Name	Date of Birth	Standard in which studying (STD. 10 ^{ui} /11 ^{ui} /	Year of Study (indicate the academic	Name of the school with full
			12 th)	year)	address
(1)	(2)	(3)	(4)	(5)	(6)

<u>Note</u>: - Certificate from the Head Master/Principal of the School to the effect that the daughter of the registered manual worker is studying the course, should be enclosed.

6. Number of children for whom the assistance has already been availed from the Board:

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing the assistance	Amount of assistance (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)

worker

DECLARATION BY THE APPLICANT**

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place

:

Date : worker.	: Signature of the registered manual		
**Any false declaration / certification	ication will entail legal action.		
The surface on wife all and all and	27. CERTIFICATE**		
I nereby certify that the	e particulars furnished in the application are correct.		
Place:	Member, Tamil Nadu Construction Workers Welfare Board / President / Secretary of the Registered Trade Union / Assistant		
Date:	Inspector of Labour concerned / Any other officer permitted to give employment certificate.		
**Any false declaration / certifi	ication will entail legal action.		
	SANCTION		
only) as educational ass	n, after due verification, a sum of Rs/- (Rupeesistance in respect of Selvi, daughter of Thiru/Tmt,		
registered manual worker Place :	(Registration No). Labour Officer (Social Security		
Scheme)	Labour Officer (Social Security		
Date	district		

ACKNOWLEDGEME SLIP

				aim application for sanction of educational
Place: Date : Office Seal :				Signature of the Labour Officer (Social Security Scheme) with datedistrict
				Name : Designation: .";
	(i) for I	Form F, the followir	ng Form sl	hall be substituted, namely :-
	APPLICA	_	"FORM ee clause 1 MENT O	
To The Labour (ocial Security Scher	me)	
14. R	egistration Identity ddress in f	Card should be enc- full with PIN Code: culars of the member manual worker:	of initial relosed).	egistration(Original family of the registered Marital Status (5)

- (b) (i) Name of the person for whose marriage the assistance is sought for
 - (ii) Relationship to the registered manual worker:
 - (iii) Age in completed years on the date of marriage:
- (c) Names of the couple: (i) Bride
 - (ii) Groom
- (d) Date and venue of the marriage

(Marriage invitation to be enclosed in original):

(e) Has the marriage assistance been availed earlier from the Board? If so, furnish details:

Signature of the registered manual worker

DECLARATION BY THE APPLICANT**

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance for the marriage of self/daughter/son.

Welfare Board or Board Government Schemes.	s constituted by the Government of Tamil Nadu or under any other
Place : Date : worker.	Signature of the registered manual
**Any false declaration /	certification will entail legal action.
	28. <u>CERTIFICATE**</u>
I hereby certify that the	marriage of Selvan / Selvison/daughter of
	stered manual worker (Registration Number)with Selvan /son/daughter ofwill take place on
Place:	Member of parliament or Member of legislative Assembly or
Date:	President of Village Panchayat or Member of the Local Body or Village Administrative Officer/Revenue Inspector (in Chennai) in whose jurisdiction the applicant resides.
**Any false declaration	/ certification will entail legal action.
	<u>SANCTION</u>
only) towards marriage as	after due verification, for payment of Rs/- (Rupees
	Labour Officer (Social Security Scheme)
	district.
	ACKNOWLEDGEMENT SLIP
Received from Thir application for sanction o	u/Tmt (Registration No) claim f marriage assistance.
	Signature of the Labour
	Officer
	(Social Security Scheme) with datedistrict

I also hereby declare that I have not received similar benefits by claim in any other

Office Seal : Name:
Designation:.";

(j) for Form G, the following Form shall be substituted, namely:-

"FORM - G [See clause 17 (3)]

APPLICATION FOR PAYMENT OF MATERNITY ASSISTANCE FOR PREGNANCY OR MISCARRIAGE OR TERMINATION OF PREGNANCY BY A REGISTERED WOMAN MANUAL WORKER

To
The Labour Officer (Social Security Scheme)
district

- 1. Name of the registered woman manual worker:
- 2. (a) Registration Number and date of initial registration (Original Identity card should be enclosed).
 - (b) Date of last renewal indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Particulars of surviving son/daughter of the registered female manual worker :

Sl. No.	Name	Sex	Date of Birth	Age
(1)	(2)	(3)	(4)	(5)

- 5. Month of Pregnancy* on the date of claim application:*(Certificate from the Civil Assistant Surgeon of the Government Hospital in support of this should be enclosed in original)
- 6. Whether the claim is for pregnancy or miscarriage of Pregnancy or Termination of pregnancy?

 If so details may be furnished. (Certificate from the Civil Assistant Surgeon of the Government Hospital to this effect should be obtained and sent in original)
- 7. Whether the assistance has already been availed by the registered woman manual worker?

Signature of the registered woman manual worker

DECLARATION BY THE APPLICANT**

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place Date	:	Signature of the registered woman manual
worker		

**Any false declaration / certification will entail legal action.

Note:- The Birth Certificate from the Registrar of Births of the area concerned should be obtained and sent in original for release of the assistance after the date of delivery.

29. CERTIFICATE**

I hereby certify that the particulars furnished in the application form are correct.

Place: Member, Tamil Nadu Construction Workers Welfare Board /
Date: President / Secretary of the Registered Trade Union / Assistant
Inspector of Labour concerned / Any other officer permitted to
give employment certificate.

**Any false declaration / certification will entail legal action.

SANCTION

I hereby sanction, after due verification, for the payment of assistance of Rs...../-(Rupees only) to Tmt............. (Registration No........) *at the time of seventh month of pregnancy / *on delivery of child / *for miscarriage of pregnancy /* termination of pregnancy (* Strike out whichever is not applicable).

Labour Officer (Social Security Scheme)with date district.

ACKNOWLEDGEMENT SLIP

^{*} Strike out whichever is not applicable

Office Seal :	Officer	(Social Se	nature of the Labour ecurity Scheme) with datedistrict on:.";		
(k) for Form H, the following Form shall be substituted, namely:- "FORM - H					
	[See clause 5				
NOMINATION UNDER TAMIL NADU MAUAL WORKERS (CONSTRUCTION WORKERS) WELFARE SCHEME,1994 Registration No.:					
I					
Name and address of the nominee(s) (1)	Relationship of the nominee(s) with the registered manual worker (2)	Age of the nominee (3)	Percentage of share to be paid to each nominee. (4)		

Place: Signature or left -hand thumb **impression** Date:

of the manual

worker

CERTIFICATE.

(Certified	that	the	above	nomination	has	been	signed/thumb-impression	has	been
impresse	ed by Thi	iru/Tl	hirui	nathi/S	elvi			after he/she has rea	ad th	e entries
(or) after	r entries l	have	beer	read o	ver to him/h	er by	me a	nd understood by him/her.		

Place: Date:

> ${\bf Labour\ Officer\ (\ Social\ Security\ Scheme\)}$District.";

(l) for Form I, the following Form shall be substituted, namely:-

"FORM - I

[See clause 5-A (5)]

MODIFICATION OF NOMINATION UNDER TAMIL NADU MANUAL WORKERS (CONSTRUCTION WORKERS) WELFARE SCHEME,1994

Registration No			
Under clause 5-A(: Welfare Scheme, 1994, I	(specify name) here ate the person/persons	by revoke my obelow to receive	ve claims under clauses 11
Name and address of the nominee(s)	Nominee's relationship with the worker	Age of the nominee	Percentage of share to be paid to each nominee
(1)	(2)	(3)	(4)
Place: impression worker Date:		Signature	or left -hand thumb of the manual
	CERTIFICATE	<u>E</u>	
impressed by Thiru/Thir	rumathi/Selvi		on has been signed/thumb- employed as ries have been read over to
him/her by me and understood by	him/her.		
Place: Date:		Officer (Social	l Security Scheme)

(m) for Form J, the following Form shall be substituted, namely :-

"FORM - J

[See clause 5 (5)]

IDENTITY CARD

TAMIL NADU CONSTRUCTION WORKERS WELFARE BOARD, CHENNAI-600 034

Registration number:

	-10	5.50.00.01.1.00.11.0		
	Da	te :		
			Pho	oto
(1) Name of the registered manual worker	:			
(2) Name of father/husband	:			
(3) Age	:			
(4) Permanent address	:			
(5) Present address	:			
(6) Occupation	:			
(7) Name of the nominee and relationship	:			
(8) If he is a member of any Trade Union, the Registration Number given to him by the Union	:			
Registration should be renewed before	:			
Signature of the manual worker.		"Labour Of	ficer (Social	
Security		Scheme)	with Date	district

(n) for Form K, the following Form shall be substituted, namely:-

"FORM - K

[See clause 17-A]

APPLICATION FOR REIMBURSEMENT OF COST ON PURCHASE OF SPECTACLES BY THE REGISTERED MANUAL WORKER

To

worker

The Labour Officer (Social Security Scheme) district.	
 Name of the registered manual worker. (a) Registration Number and date of initial re (Original identity card should be enclosed). (b) Date of last renewal indicating the period upto which renewed Address in full with PIN Code.: Date of purchase of spectacles and its actual Whether Certificate issued by a registered Ophthalmist is enclosed in original? 	
6. Whether cash bill is enclosed in original?	: Signature of the registered manual

DECLARATION BY THE APPLICANT**

(i) I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount reimbursed towards purchase of spectacles for myself.

· · · · · · · · · · · · · · · · · · ·	t I have not received similar benefit by claim in any other d by the Government of Tamil Nadu or under any other				
Place: Date: worker	Signature of the registered manual				
**Any false declaration / certification will entail legal action.					
	30. <u>CERTIFICATE**</u>				
I hereby certify that the above	re particular furnished in the application are correct.				
Place:	Signature of President / Secretary of the Registered Trade				
Date:	Union / Registered Contractor / Employer engaged in construction industry employing the Registered Manual Worker./Assistant Inspector of Labour concerned / Any other officer permitted to give employment certificate.				
**Any false declaration / certifica	tion will entail legal action.				
	SANCTION.				
(Rupees only) to Thiru/T	lue verification, the reimbursement of a sum of Rs				
	The Labour Officer (Social Security Scheme) district.				
ACKN	OWLEDGEMENT SLIP				
Received from Selvi/Thiru/Tr	mt				
1	registered manual worker (Registration No) ost on purchase of spectacles for himself/herself.				
	Signature of Labour Officer (Social Security Scheme) with date				
	district Name:				

(18). Schedule III shall be omitted.

NOTIFICATION –II.

In exercise of the powers conferred by section 4 read with section 3 of the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 (Tamil Nadu Act 33 of 1982), the Governor of Tamil Nadu, after consultation with the Advisory Committee, hereby makes the following amendments to the Tamil Nadu Manual Workers Social Security and Welfare Scheme, 2006.

2. The amendments hereby made shall come into force on the 31st day of October, 2008.

AMENDMENTS

In the said Scheme, -

- (1) in clause 9,-
 - (i) in sub-clause (1), after the expression "Board", the expression "through the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
 - (ii) in sub-clause (2),-
 - (a) after the expression "such registration shall be made", the expression "in duplicate to the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
 - (b) after item (c), the following item shall be added, namely:-
 - "(d) Village Administrative Officer and for Chennai district, the Revenue Inspector concerned.";
 - (iii) for sub-clause (3), the following sub-clause shall be substituted, namely:-
 - "(3) (a) The registration of the name of the manual worker with the Board shall be made by the Labour Officer (Social Security Scheme) of the respective district after due verification by the respective Village Administrative Officer and for Chennai district, by the Revenue Inspector concerned.
 - (b) The registration under this clause is valid for a period of two years or until the registered manual worker attains the age of sixty years, whichever is earlier.";
 - (iv) in sub-clauses (4) and (5), for the expression "Board or district or local office" wherever it occurs, the expression "Labour Officer (Social Security Scheme) of the respective district "shall be substituted;
 - (v) in sub-clause (6), after item (c), the following item shall be added, namely:-
 - "(d) Where the nomination made is incomplete or becomes void, the assistance shall

be released to the legal heirs of the deceased registered manual worker.";

(2) in clause 10,-

- (iv)in sub-clauses (1) and (2), for the expression "Executive Officer", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (3) in clause 11, in sub-clause (4), after the expression "Board", the expression "and the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
- (4) in clause 14, in sub-clause (3), for the expression "Executive Officer or any other officer authorised in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district, after due verification" shall be substituted;
- (5) in clause 15, for the expression "Chief Executive Officer or any other officer authorised by the Chief Executive Officer in this behalf", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (6) in clause 17,-
 - (i) in sub-clause (1), after the expression "Personal Accident Relief", the following expression shall be added, namely:-

"and where the accident results in death, their nominees are eligible for Personal Accident Relief.";

- (ii) in sub-clause (3),-
- (a) in item (a), for the expression "Board", occurring in three places, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (b) in item (e), for the expression "Board or any Officer authorised in this behalf", the expression "Labour Officer (Social Security Scheme) of the respective district "shall be substituted;
- (7) in clause 18,-
 - 3. in sub-clause (2), for the expression "Board" occurring in five places, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
 - 4. in sub-clause (3), for the expression "Rs.300 (Rupees three hundred only)", the expression "Rs.400 (Rupees four hundred only)" shall be substituted;

- (8) in clause 19,-
 - (i) in sub-clause (1), for the expression "Secretary or any other officer authorised in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district, after due verification" shall be substituted;
 - (ii) in sub-clause (2), the expression "by the Board" shall be omitted;
- (9) in clause 20, in sub-clause (1), for the expression "Secretary or any other Officer authorized in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district, after due verification" shall be substituted;
- (10) in clause 21,-
 - (iii) for sub-clause (1), the following sub-clause shall be substituted, namely:-
 - "(1) The assistance for the education of the children of a registered manual worker shall be sanctioned by the Labour Officer (Social Security Scheme) of the respective district, after due verification, as specified in the Table below:-

THE TABLE.

Comical	Form	Course of Study	Day S	cholar	Но	steller
Serial Number	FORM	Course of Study	Boys	Girls	Boys	Girls
			Rs.	Rs.	Rs.	Rs.
1	XI	10 th Std., Studying- Girl children only		1,000		
2	X	10 th Std., passed	1,000	1,000		
3	XI	11 th Std., Studying- Girl children only		1,000		
4	XI	12 th Std. Studying – Girl children only		1,500		
5	X	12 th Std. passed	1,500	1,500		
6	XII	Studying regular Bachelor Degree course (Every academic year)	1,500	1,500	1,750	1,750
7	XII	Studying regular Post Graduate course (Every academic year)	2,000	2,000	3,000	3,000
8	XII	Studying regular Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses . (Every academic year)	2,000	2,000	4,000	4,000

9	XII	Studying regular Post Graduate Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses (Every academic year)	4,000	4,000	6,000	6,000	
10	XII	Studying ITI or Polytechnic course (Every academic year)	1,000	1,000	1,200	1,200	· · · ·

- (iv) for sub-clause (3), the following sub-clause shall be substituted, namely:-
- "(3) The application for assistances specified in serial numbers 2 and 5 in column (1) of the Table in sub-clause (1) shall be in Form X to be submitted after passing of the course, the application for assistances specified in serial numbers 6 to 10 in column (1) of the said Table shall be in Form XII to be submitted before completion and passing of the course and the application for assistances specified in serial numbers 1,3 and 4 shall be in Form XI to be submitted before completion and passing of the course.";
- (11) in clause 22, in sub-clause (1), for the expression "Secretary or any other Officer authorised in this behalf by the Board, shall on an application from a registered manual worker", the expression "Labour Officer (Social Security Scheme) of the respective district shall, on an application from a registered manual worker, after due verification" shall be substituted;
- (12) in clause 23, for sub-clause (1), the following sub-clause shall be substituted, namely:-
 - "(1) The Labour Officer (Social Security Scheme) of the respective district shall, on an application from a registered female manual worker, sanction the assistance as indicated below, after due verification of the proof produced by her of her pregnancy or delivery of child by her or the miscarriage of her pregnancy or the termination of pregnancy:-
 - (i) Pregnancy

 Rs.6,000/(Rs.3,000/- shall be paid on the seventh month of pregnancy and remaining Rs.3,000/- shall be paid on delivery of the child)
 - (ii) Miscarriage of pregnancy -Rs.3,000/-
 - (iii) Termination of pregnancy -Rs.3,000/-.";
- (13) in clause 24,-
 - (i) in sub-clause (1), for the expression "Secretary or any other officer authorised in this behalf by the Board, shall on an application From XV from a registered manual worker", the expression "Labour Officer (Social Security Scheme) of the respective district, shall on an application From XV from a registered manual worker, after due

verification" shall be substituted;

- (ii) for sub-clause (2), the following sub-clause shall be substituted, namely:-
- "(2) The assistance shall be restricted to 65 registered manual workers per year in each district on "First come First serve" basis depending upon the applications received.";
- (14) for Form I, the following Form shall be substituted, namely:-

"FORM – I [See Clause 9(2)]

APPLICATION I	FOR REG	ISTRATIC	N	Affix
To The Labour Officer (Social Security Scheme) district.	,			Passport size photograph
Registration No				
(to be filled in by the Registration Authority)				
1. Name of the Worker	:			
2. Name of the Father/Husband	:			
3. Date of birth				
(Enclose Xerox Copy of evidence in proof duly attested by a Group A or Group B Officer)*	Day	Month	Year	
4. Marital Status				
(Whether married, unmarried, widow/w	idower):			
5. Permanent address	:			
6. Present address	:			
7. State whether self-employed or employed	:			
8. If employed, furnish the name and address				
of the establishment and also the name and				
address of the employer/contractor	:			
9. Nature of work	:			
10. Number of years engaged in the employment	ient			

11. Particulars of the members of the family

as on the date of application

Sl. No.	Name	Age	Relationship	Marital status
(1)	(2)	(3)	(4)	(5)

- 12. (a) Whether the wife/husband is employed?:
 - (b) If so furnish details
- 13. Nomination for receipt of Natural Death/Accidental

Death Assistance :

Name and address ** Nomin	nee's Relationship		Age of the	Percentage of amount to
be				
of the nominee/nominees	with the worker		nominee	paid to each nominee
(1)	(2)	(3)	(4)	

^{*(}i) Birth Certificate or (ii) School Certificate or (iii) Driving Licence or (iv) Ration Card or (v) Voter's identity card or (vi) Certificate from Registered Medical Practitioner not below the rank of Civil Surgeon of a Government Hospital in the prescribed format duly signed by the worker.

Signature or left hand thumb impression of the manual worker. (Left hand thumb impression to be attested by the Registration Authority)

DECLARATION BY THE APPLICANT.***

I declare that I am not registered as a member in any other Manual Workers Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Signature or left hand thumb impression of the manual worker. (Left hand thumb impression to be attested by the Registration Authority)

*** Any false declaration/ certification will entail legal action.

CERTIFICATE OF EMPLOYMENT*.**

Certified that the particulars fu	arnished by	Thiru/Thirumathi	l/ Selv1			
, regarding employment as a manual	worker in	the application for	or registration	are true	to	the
best of my knowledge and belief.			C			

Place:

Date:

Signature and name of the person / Officer issuing the certificate

*** Any false declaration/ certification will entail legal action

VERIFICATION CERTIFICATE.

After due verification it is certified that the particulars furnished in the application and the proof of age are found correct and recommended for registration.

Place: Village Administrative Officer /

Date: Revenue Inspector (for Chennai district)

^{**} Nominees shall be dependant Family Members.

Office Note:-accepted and the applicant is registered as member of the Tamil Nadu Welfare Board. Application for membership rejected (In case of rejection, reason should be clearly mentioned). **Labour Officer (Social Security Scheme)**district ACKNOWLEDGEMENT SLIP. Selvi/Thiru/Tmt. Received fromresiding Nadu Welfare Board. Office Seal: Labour Officer (Social Security Scheme)..... district with date Name: Designation: (15) in Form II,under the heading "SCHEME ASSISTANCES OF THE BOARD", in serial number 8, against the entry "Pension", for the expression "300", the expression "400" shall be substituted; under the heading "Details of Scheme Assistance provided to the worker", in the Table, for the expression "Name of the Beneficiary", the expression "Name of the person" shall be substituted; under the heading "GENERAL INSTRUCTIONS",-(a) for the expression "Assistant Inspector of Labour", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted:

in FORM - VI, for the expression "The Secretary,", the expression "The Labour Officer (Social Security Scheme), district." shall be substituted;

(b) for the expression "Board" occurring in three places, the expression "Labour

Officer (Social Security Scheme) of the respective district" shall be substituted;

(17) for FORM - VII, the following Form shall be substituted, namely.-

"FORM – VII

[See Clause 17(3)(b)] APPLICATION FOR PAYMENT OF COMPENSATION FOR ACCIDENTAL DEATH/ DISABILITY

To			
The Labour	r Officer (Social Security Scheme)		
	district.		
2.	(a)Name of the registered manual worker	}	:
	(b)Address (in full)		
	(on the date of death/ disability)	:	
	(c) Age		
	(d) Registration number and date of		
	initial registration	:	
	(e) Renewal date	:	
	(f) Occupation	:	
2.	(a)Area	:	
	(b)Place	:	
	(c)District	:	
3.	(a) Name of the nominee	:	
	(b) Relationship with the deceased registered	manual worker	

(in the case of accidental death only)

(c) Age of the nominee (d) Address in full (with PIN) 4. Whether the claimant is the registered worker himself (in the case of accidental disability) or the nominee of the registered manual worker? 5. Date and time of accident 6. Place of accident at the work place (a) (b) outside the work place 7. Whether intimation regarding accident has been given in Form - VI as per clause 17 (3) (a)? 8. Whether the accident resulted in death/ loss of limb/loss of eye sight/partial injury? 9. In the case of accidental disability, a certificate from a Civil Surgeon of the Government Hospital indicating the percentage of disability due to accident with details should be obtained and enclosed in original. 10 (i) Date and time of death (in the case of accidental death): (ii) Attested copy of First Information Report. from the Police Station nearer to the place of accident to be enclosed: (iii) Post-Mortem Certificate and final Investigation Report should be sent in original (iv) Death Certificate (attested copy) should be

Signature/Thumb impression of the registered manual

worker /

enclosed

nominee in case of death.

DECLARATION BY THE CLAIMANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for accidental death/disability. I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place:

Date: Signature/Thumb impression of the registered manual worker /

nominee in case of death.

* Any false declaration/ certification will entail legal action.

towards accidental death/dis	fter due verification, for payment of Rs/- (Rupees sability to Selvi/Thiru/Tmt nominee of the dece Number) / registered worker (Regist himself.	eased manual
Place: Date:	Labour Officer (Social Securityd	
	(Affix Rubber Stam	i p)
<u>A</u>	CKNOWLEDGEMENT SLIP	
	m Selvi/Thiru/Tmt.	
of assistance towards accid worker Selvi/Thiru/Tmt	application lental death/disability in respect of deceased registered n(Registration Number /Tmt(Registration Number	
	Labour Officer (Social Security Schen district with date	ne)
Office Seal :	Name: Designation: .";	
(18) for Form-VIII, the f	following Form shall be substituted, namely:-	
	"FORM -VIII [See Clause 18(2)] APPLICATION FOR PENSION	
To The Labour Officer (Social district. 1. Name of the Applicant 2. Address in full (to which is to be sent) (with PIN	passport s photograp duly signo	ph

4. Age and date	ntity Card should be enclosed of completion of	: d)	
60 years of	•	√f.	
•	letion of continuous period or egistered manual worker of t		
•	egistration has been renewed		
	out any default? If so,		
details may be	e furnished :		
		Daried of validity of	Fragistration/rangyal
	Date of initial registration/	*	Fregistration/renewal
No. (1)	subsequent renewal (2)	From (3)	To(4)
	(2)	(3)	(4)
7. Whether in re-	ceipt of any other pension?		
If so, furnish	complete details	:	
		Signature/Thu	mb impression of the
registered		Signature/Thu	mpression of the
8		manu	ıal worker.
		LARATION*	
•			the best of my knowledge and
			oard. If ultimately it is found
			the entire amount received by
-	esides any other action that r	•	enefits by claim in any other
	•		mil Nadu or under any other
Government sch	-	ie dovernment of ful	ini i tada or anadi any ome
DI		6.1	
Place:	· ·	pression of the register	red manual worker.
Date:	Name: aration/certification will enta	oil local action	
<u> </u>	s the photograph affixed abo		70
	raph should be enclosed with		ZC
	ncomplete applications will i		
	r ···· ·rr		
	a	ANGUNAN	
	<u>S</u> A	<u>ANCTION</u>	
I 1	nereby sanction, after due ve	rification, a monthly p	ension of Rs/-
		, , ,	The amount shall be
		Money Order.	
Place:	Lahan	ır Officer (Social Sec	urity Scheme)
Date:		district.	urity belieffe
		district.	

Labour Officer (Social Office Seal :	Security Scheme) di Name: Designation:	strict with
Office Seal :		

(19) for Form-VIII-A, the following Form shall be substituted, namely:-

"FORM -VIII-A [See Clause 18(2)] APPLICATION FOR DISABILITY PENSION

To The Labour Officer (Social Security Scheme) district.	Passport size photograph duly signed

1. Name of the applicant

2. Address in full (to which pension

is to be sent) (with PIN code)

3. Registration number and date

(Original identity card should be enclosed)

4. Age and date of completion of

60 years of age

5. Date of completion of continuous period of

five years as registered manual worker of the Board

6. Whether the registration has been renewed regularly without any default? If so,

details may be furnished

Sl.	Date of initial registration/	Period of validity of	f registration/renewal
No.	subsequent renewal	From	То
(1)	(2)	(3)	(4)

7. Whether the applicant has become disabled

due to sickness and incapacitated from normal

work? (If so, a certificate by a Medical Officer

not below the rank of Civil Surgeon of the Government

Hospital under his name and seal should be

enclosed in original)

8. Whether in receipt of any other pension?

If so, furnish complete details

Signature/Thumb impression of the registered

manual worker

DECLARATION*

I hereby declare that the facts mentioned above are true to the best of my knowledge and information. I am not a registered worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as disability pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place: Signature/Thumb impression of the registered manual worker

Date: Name:

* Any false declaration/ certification will entail legal action

Note: 1. Besides the photograph affixed above another passport size

photograph should be enclosed with the application.

2.Incomplete applications will not be considered.

SANCTION

I hereby sanction, after due ve	rification, a monthly pension of Rs/- (Rupees
only) with effect from	The amount shall be sent by Money Order.
Office Seal:	
Place:	Labour Officer (Social Security Scheme)

Date:district.

	OWLEDGEMENT SLIP i/Thiru/Tmt(Address in	full)
	(Registration	,
application for sanction of disabilit	· -	,
Labour	Officer (Social Security Scheme)	district with date
	Name:	

_

"FORM - IX

[See Clause 19(2) and 20(2)]

APPLICATION FOR PAYMENT OF FUNERAL EXPENSES/ NATURAL DEATH ASSISTANCE

То
The Labour Officer (Social Security Scheme)
district.

- 3. Name of the deceased registered manual worker:
- 4. Address in full (at the time of death):
- 5. Age (on the date of death):
- 6. Nature of work:
- 7. (a) Registration Number and date of initial registration. (Original Identity card should be enclosed).
 - (b) Date of last renewal, indicating the period upto which renewed
- 6. (a) Place of death
 - (b) Date of death
 - (c) Cause of death (to be indicated clearly):
 (Avoid indicating as "Natural Death")

(Death Certificate in original shall be enclosed)

- 7. (a) Name of the nominee:
- (b) Age on the nominee (in completed years):
- (c) Address of the nominee in full indicating PIN Code:
- (d) Relationship of the nominee with the deceased registered manual worker

Signature/Thumb impression of the nominee of the registered manual worker

DECLARATION OF THE NOMINEE *

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for death/funeral expenses of the deceased manual worker.

I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place:	
Date:	Signature/Thumb impression of the
	nominee of the registered manual worker

^{*}Any false declaration/ certification will entail legal action

CERTIFICATE*

I hereby certify	that the particulars furnished in the application are correct.			
Place:				
Date:	Members, Tamil Nadu			
* Any false Welfare Board / President/Secretary of the Registered Trade declaration/ Union of the Employment concerned/Assistant Inspec				
entail legal action	employment certificate.			
	SANCTION			
only of Thiru/Thi 2. I hereby san only) as assi	ction, after due verification, a sum of Rs. /- (Rupees as assistance to Thiru/Tmt/Selvi, nominee / nominees, for the funeral rumathi/Selvi a registered manual worker. action, after due verification, a sum of Rs. /-(Rupees stance to Thiru/Tmt/Selvi, nominee/nominees, on the natural death of elvi			
Office Seal:				
Place:	LabourOfficer (Social Security Scheme)			
Date	district.			
_	ACKNOWLEDGEMENT SLIP			
	n Selvi/Thiru/Tmt.			
sanction of Funeral				
	Labour Officer (Social Security Scheme) district with date			
	Name:			
Office Seal:	Designation: .";			

(21) for Form-X, the following Form shall be substituted, namely:-

FORM-X

$[See~Clause~21(3)] \\ APPLICATION~FOR~EDUCATIONAL~ASSISTANCE~FOR~PASS~IN~10^{TH}~STANDARD~AND~12^{TH}~STANDARD~EXAMINATION.$

10	
The Labour Officer (Social Security	ity Scheme)
district	

- (v) Name of the registered manual worker.
- (vi)(a) Registration Number and date of initial registration.

(Original Identity card should be enclosed).

- (b) Date of last renewal, indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered manual worker: -

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought for:

Sl.	Name	Data of Dinth	Examination	Month and	Name of the
No.	(Son/Daughter)	Date of Birth	passed	Year of Pass	School studied
(1)	(2)	(3)	(4)	(5)	(6)

<u>Note:-</u> Xerox copy of the Mark Sheet in support of having passed the Examination, duly attested by a Group A or Group B Officer should be enclosed.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing assistance	Amount of assistance (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance. I further declare that I have not availed similar assistance from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Date:	
	Signature/Thumb impression of
* Any false declar	the registered manual worker ration/ certification will entail legal action .
	CERTIFICATE*
I hereby certi	ify that the particulars furnished in the application are correct.
Place:	
Date:	Members, Tamil Nadu
* Any false	Welfare Board /
declaration/ certification will I	President/Secretary of the Regd. Trade Union of the Employment concerned/ Assistant Inspector
entail legal	of Labour concerned /Any other officer permitted
action.	to give employment certificate.
7.1 1	SANCTION (P. 1)
educational assista	anction, after due verification a sum of Rs/- (Rupees only) as ance, in respect of *Selvan/*Selvi * son/*daughter of *Thiru/Tmt worker (Registration No).
Office Seal:	
Office Seal: Place:	Labour Officer (Social Security Scheme)district
Place: Date :	
Place: Date :	Labour Officer (Social Security Scheme)district ever is not applicable
Place: Date :	ever is not applicable
Place: Date: * Strikeout which	ever is not applicable ACKNOWLEDGEMENT SLIP
Place: Date: * Strikeout which	A C K N O W L E D G E M E N T S L I P d from Thiru/Tmt./ Selvi/ (Registration No) claim application for
Place: Date: * Strikeout which	A C K N O W L E D G E M E N T S L I P d from Thiru/Tmt./ Selvi/ (Registration No) claim application for sanction of educational assistance .
Place: Date: * Strikeout which	A C K N O W L E D G E M E N T S L I P d from Thiru/Tmt./ Selvi/ (Registration No) claim application for
Place: Date: * Strikeout which	A C K N O W L E D G E M E N T S L I P d from Thiru/Tmt./ Selvi/ (Registration No) claim application for sanction of educational assistance . Labour Officer (Social Security Scheme)
Place: Date :	

(22) for Form-XI, the following Form shall be substituted, namely:-

"FORM-XI

[See Clause 21(3)]

APPLICATION FOR EDUCATIONAL ASSISTANCE FOR GIRL CHILDREN STUDYING IN $10^{\rm TH}$ STANDARD/ $11^{\rm TH}$ STANDARD/ $12^{\rm TH}$ STANDARD.

To

The Labour Officer (Social Security Scheme

..... district.

- 3. Name of the registered manual worker.
- 4. (a) Registration Number and date of initial registration (Original identity card should be enclosed).
 - (b) Date of last renewal, indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered manual worker:

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the daughter for whom Educational Assistance is sought for:-

Sl. No.	Name	Date of Birth	Standard in which studying (Std. 10 th /11 th / 12 th)	Year of Study (indicate the academic year)	Name of the school with full address
(1)	(2)	(3)	(4)	(5)	(6)

<u>Note</u>: - Certificate from the Head Master/Principal of the School to the effect that the daughter of the registered manual worker is studying the course, should be enclosed.

6. Number of children for whom the assistance has already been availed from the Board:

Sl.	N	C /D 1-4	Course for which	Year of availing	Amount of
No.	Name	Son/Daughter	assistance availed	the assistance	assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker.

DECLARATION BY THE APPLICANT*

false, I	I hereby declare that the particulars furnished above are correct and true to the best knowledge. In the event of any of the information given above is ultimately found to be agree to refund in full the amount received as assistance.			
	I also hereby declare that I have not received similar e Board or Boards constituted by the Government of ment Schemes. benefits by claim from any other Tamil Nadu or under any other ta			
Date	: Signature/Thumb impression of the registered manual worker.			
	ry false declaration/ certification will entail legal action . CERTIFICATE* ereby certify that the particulars furnished in the application are correct. Members,			
* A	ny false declaration/ certification will entail legal action			
	SANCTION			
	I hereby sanction, after due verification, a sum of Rs/- (Rupeesonly) to the at as educational assistance, in respect of Selvi daughter of Thiru/Tmt red manual worker (Registration No).			
Office Place I	Seal: Labour Officer (Social Security Scheme)district Date			
	ACKNOWLEDGEMENT SLIP			
	Received from Thiru/Tmt registered manual worker ration No), claim application for sanction of educational assistance.			
Office	Labour Officer (Social Security Scheme) district with date Name: Designation: .";			

(23) for Form-XII, the following Form shall be substituted, namely:-

"FORM-XII [See Clause 21(3)]

APPLICATION FOR EDUCATIONAL ASSISTANCE FOR HIGHER EDUCATION

To
The Labour Officer (Social Security Scheme)
.....district.

- 3. Name of the registered manual worker.
- 4. a) Registration Number and date of initial registration (Original identity card should be enclosed).
 - b) Date of last renewal, indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered

manual worker:

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought:-

SI N	Name	Date of Birth	Name of the course studying	Duration of the course	Name of the College/Institution with address in full
(1	(2)	(3)	(4)	(5)	(6)

Note: - Certificate from the Principal of the College/Educational institution to the effect that the son or daughter of the registered manual worker is studying the course indicating whether a day scholar or hosteller should be enclosed in original.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Years of availing assistance Rs.	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/ Thumb impression of the registered manual worker.

DECLARATION BY THE APPLICANT.*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefit by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Date	Signature/Thumb impression of the registered manua worker.
Place:	

CERTIFICATE*

I hereby certify that the above particulars are correct.

Members, Tamil Nadu.....

Place: Welfare Board /

Date: President/Secretary of the Registered. Trade Union

of the Employment concerned/ / Assistant

Inspector

of Labour concerned /Any other officer permitted to give employment certificate.

*Any false declaration/ certification will entail legal action ...

SANCTION

^{*} Any false declaration/ certification will entail legal action .

Place:	Labour Officer, (Social Security Scheme district
Date * Strikeout whichever is not	
<u>A C</u>	KNOWLEDGEMENT SLIP
	nt registered manual) claim application for sanction of educational
	Labour Officer (Social Security Scheme) district with date
	Name:
Office Seal : (24) for Form-XIII, the fol	Designation: ."; owing Form shall be substituted, namely:-
(24) for Form-XIII, the fol	owing Form shall be substituted, namely:- "FORM – XIII
(24) for Form-XIII, the fol	owing Form shall be substituted, namely:- "FORM – XIII [See Clause 22(4)]
(24) for Form-XIII, the fol	owing Form shall be substituted, namely:- "FORM – XIII [See Clause 22(4)] FOR PAYMENT OF MARRIAGE ASSISTANCE
(24) for Form-XIII, the fol APPLICATION To The Labour Officer (Social S	owing Form shall be substituted, namely:- "FORM – XIII [See Clause 22(4)] FOR PAYMENT OF MARRIAGE ASSISTANCE ecurity Scheme)
(24) for Form-XIII, the fole APPLICATION To The Labour Officer (Social Soci	owing Form shall be substituted, namely:- "FORM – XIII [See Clause 22(4)] FOR PAYMENT OF MARRIAGE ASSISTANCE ecurity Scheme) ered manual worker. umber and date of initial registration
(24) for Form-XIII, the fole APPLICATION To The Labour Officer (Social Soci	owing Form shall be substituted, namely:- "FORM – XIII [See Clause 22(4)] FOR PAYMENT OF MARRIAGE ASSISTANCE ecurity Scheme) ered manual worker. Imber and date of initial registration card should be enclosed).
(24) for Form-XIII, the fole APPLICATION To The Labour Officer (Social Soci	wing Form shall be substituted, namely:- "FORM – XIII [See Clause 22(4)] FOR PAYMENT OF MARRIAGE ASSISTANCE ecurity Scheme) ered manual worker. ember and date of initial registration card should be enclosed). n PIN Code: of the members of the family of the

- (b) (i) Name of the person for whose marriage the assistance is sought for
 - (ii) Relationship to the registered manual worker:
 - (iii) Age in completed years on the date of marriage:
 - (c) Names of the couple: (i) Bride
 - (ii) Groom
 - (d) Date and venue of the marriage (Marriage invitation to be enclosed in original):
 - (e) Has the marriage assistance been availed earlier from the Board? If so, furnish details:

Signature/Thumb impression of the registered manual worker.

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance for the marriage of self/daughter/son.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place	
-------	--

Date : Signature/Thumb impression of the

registered manual worker.

*Any false declaration/ certification will entail legal action ..

CERTIFICATE*

I hereby certi	fy that the particulars furnished in the application form are correct
Place:	
Date:	Members, Tamil Nadu
	Welfare Board/
	President/Secretary of the Read Trade Union of the

Employment concerned// Assistant Inspector

*Any false declaration/ certification will entail legal action ...

I hereby sanction, after due verific towards marriage assistance of the son / e manual worker of the B		registered
		er (Social Security Scheme)
ACKNOW	LEDGEMENT SL	I P
Received from Thiru/Tmt	·	
sanction of marriage assistance.		claim application for
Lal	bour Officer (Social Secu with date	urity Scheme) district
Name:	W 2022 G-000	
Office Seal :	Designation:	"·····································
(25) for Form-XIV, the following Form	m shall be substituted, nam	nely:-
[A APPLICATION FOR PAY FOR PREGNANCY OR MISCARR		ON OF PREGNANCY BY

A REGISTERED FEMALE MANUAL WORKER

To **Labour Officer (Social Security Scheme)**district

- 6. Name of the registered female manual worker:
- 7. (a) Registration Number and date of initial registration (Original Identity card should be enclosed).
 - (b) Date of last renewal indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Particulars of surviving son/daughter of the registered female manual worker:

Sl. No.	Name	Sex	Date of Birth	Age
(1)	(2)	(3)	(4)	(5)

- 5. Month of Pregnancy* on the date of claim application:
- *(Certificate from the Civil Assistant Surgeon of the Government Hospital in support of this should be enclosed in original)
- 6. Whether the claim is for pregnancy or miscarriage of pregnancy or termination of pregnancy? If so details may be furnished. (Certificate from the Civil Assistant Surgeon of the Government Hospital to this effect should be obtained and sent in original)
- 7. Whether the assistance has already been availed by the registered female manual worker? If so, details may be furnished:

Signature/Thumb impression of the registered manual worker.

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes. Place :

Date:

Signature/Thumb impression of the

*Any false declaration/ certification will entail legal action ... registered female manual worker.

- **Note.-** (i) The Birth Certificate from the Registrar of Births of the area concerned should be obtained and sent in original for release of the assistance after the date of delivery.
- (ii) In the event of untoward demise of the registered female manual worker after the 7th month of pregnancy either before delivery or three months after delivery, the fact should be reported to the Medical Officer of Primary Health Centre concerned and for Chennai district to the Health Officer concerned, immediately along with the Death Certificate in original, for sanction of Funeral Expenses (or) Natural death assistance as admissible under the Scheme.

CERTIFICATE*

	hereby certify that the particulars furnished in the application form are correct
Place	
Date	Members, Tamil Nadu
	Welfare Board/

President/Secretary of the Regd. Trade Union of the Employment concerned// Assistant Inspector

of Labour concerned /Any other officer permitted to give employment certificate.

*Any false declaration/ certification will entail legal action			
SANO	CTION_		
(Rupees only) to Tmtreg	n, for the payment of assistance of Rs/- sistered female manual worker (Registration egnancy / *on delivery of child / *for miscarriage Strike out whichever is not applicable).		
Office Seal:	Labour Officer (Social Security Scheme)district		
ACKNOWL	EDGEMENT SLIP		
	registered female manual plication for sanction of maternity assistance for nation of pregnancy in respect of the registered		
* Strikeout whichever is not applicable	Labour Officer (Social Security Scheme)district		
Office Seal :	Name: Designation: .";		
[See Cla APPLICATION FOR REIM PURCHASE OF SPECTACLES BY TO	l be substituted, namely :- M – XV nuse 24(3)] IBURSEMENT OF COST ON HE REGISTERED MANUAL WORKER		
The Labour Officer(Social Security Scheme) district.			
3. Name of the registered manual work	er.		
4. (a) Registration Number and date of	initial registration.		
(Original identity card should be en	iclosed).		
(b) Date of last renewal indicating the	e		
period upto which renewed			

3. Address in full with PIN code:

4. Date of purchase of spectacles and its actual cost :
5. Whether certificate issued by a registered
Opthalmist is enclosed in original? :
6. Whether cash bill is enclosed in original?
Signature/Thumb impression of the
registered manual worker.
DECLARATION BY THE APPLICANT*
(i) I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount reimbursed towards purchase of spectacles for myself.
(ii) I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes. Place :
Date: Signature/Thumb impression of the
registered manual worker. *Any false declaration/ certification will entail legal action .
Any taise declaration/ certification will entail legal action.
<u>CERTIFICATE*</u>
I hereby certify that the particulars furnished in the application form are correct. Place:
Date: Member Tamil Nadu
Welfare Board President/Secretary of the Registered Trade Union of the
Employment/ sistant Inspector of Labour concerned
/Any other officer permitted to give employment certificate.
*Any false declaration/ certification will entail legal action .
SANCTION
I hereby sanction, after due verification, the reimbursement of a sum of Rs/-(Rupees only) to Selvi/Thiru/Tmt, towards the actual cost on purchase of spectacles for himself/herself.
Office Seal:
The Labour Officer(Social Security Scheme) district
ACKNOWLEDGEMENT SLIP
Received from Thiru/Tmt./ Selvi registered manual worker (Registration No) application for reimbursement of cost on purchase of spectacles for himself/herself.
The Labour Officer(Social Security Scheme)

	district	with
date		
	Name:	
Office Seal:	Designation:	.".

In exercise of the powers conferred by section 4 read with section 3 of the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 (Tamil Nadu Act 33 of 1982), the Governor of Tamil Nadu, after consultation with the Advisory Committee, hereby makes the following amendments to the Tamil Nadu Auto Rickshaws and Taxi Drivers Social Security and Welfare Scheme, 2006.

2. The amendments hereby made shall come into force on the 31st day of October, 2008.

AMENDMENTS

In the said Scheme, -

- (1) in clause 9,-
 - (i) in sub-clause (1), after the expression "Board", the expression "through the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
 - (ii) in sub-clause (2),-
 - (a) after the expression "such registration shall be made", the expression "in duplicate to the Labour Officer (Social Security Scheme) of the respective district "shall be inserted;
 - (b) after item (c), the following item shall be added, namely:-
 - "(d) Village Administrative Officer and for Chennai district, the Revenue Inspector.";
 - (iii) for sub-clause (3), the following sub-clause shall be substituted, namely:-
 - "(3) (a) The registration of the name of the manual worker with the Board shall be made by the Labour Officer (Social Security Scheme) of the respective district after due verification by the respective Village Administrative Officer and for Chennai district, by the Revenue Inspector concerned;
 - (b) The registration under this clause is valid for a period of two years or until the registered manual worker attains the age of sixty years, whichever is earlier.";
 - (iv) in sub-clauses (4) and (5), for the expression "Board or district or local office" wherever it occurs, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
 - (v) in sub-clause (6), after item (c), the following item shall be added, namely:-
 - "(d) Where the nomination made is incomplete or becomes void, the assistance shall be released to the legal heirs of the deceased registered manual worker.";

- (2) in clause 10,-
 - (i) in sub-clauses (1) and (2), for the expression "Executive Officer", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (3) in clause 11, in sub-clause (4), after the expression "Board", the expression "and the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
- (4) in clause 14, in sub-clause (3), for the expression "Executive Officer or any other officer authorized in this behalf by the Board", the expression "Labour Officer (Social Security Scheme)of the respective district after due verification" shall be substituted;
- (5) in clause 15, for the expression "Chief Executive Officer or any other officer authorized by the Chief Executive Officer in this behalf", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (6) in clause 17,-
 - (i) in sub -clause (1), after the expression "Personal Accident Relief", the following expression shall be added, namely:-
 - "and where the accident results in death, their nominees are eligible for Personal Accident Relief";
 - (ii) in sub-clause (3),-
 - (a) in item (a), for the expression "Board" occurring in three places, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted:
 - (b) in item (e), for the expression "Board or any other officer authorised in this behalf", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (7) in clause 18,-
 - (i) in sub-clause (2), for the expression "Board" occurring in five places, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
 - (ii) in sub-clause (3), for the expression "Rs.300 (Rupees three hundred only)", the expression "Rs.400 (Rupees four hundred only)" shall be substituted;
- (8) in clause 19,-

- (i) in sub-clause (1), for the expression "Secretary or any other officer authorised in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district after due verification" shall be substituted;
 - (ii) in sub-clause (2), the expression "by the Board" shall be omitted;
- (9) in clause 20, in sub-clause (1), for the expression "Secretary or any other Officer authorised in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district after due verification" shall be substituted;
- (10) in clause 21,-
 - (i) for sub-clause (1), the following sub-clause shall be substituted, namely:-
 - "(1) The assistance for the education of the children of a registered manual worker shall be sanctioned by the Labour Officer (Social Security Scheme) of the respective district after due verification as specified in the Table below:-

THE TABLE

		Day Scholar	Day Scholar		Hosteller	
Serial Numbe	Form	Course of Study	Boys	Girls	Boys	Girls
r			Rs.	Rs.	Rs.	Rs.
1	XII	10 th Std., Studying- Girl children only		1,000		
2	XI	10 th Std., passed	1,000	1,000		
3	XII	11 th Std., Studying- Girl children only		1,000		
4	XII	12 ^m Std. Studying – Girl children only		1,500		
5	XI	12 th Std. passed	1,500	1,500		
6	XIII	Studying regular Bachelor Degree course (Every academic year)	1,500	1,500	1,750	1,750
7	XIII	Studying regular Post Graduate course (Every academic year)	2,000	2,000	3,000	3,000

8	XIII	Studying regular Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses . (Every academic year)	2,000	2,000	4,000	4,000	
9	XIII	Studying regular Post Graduate Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses (Every academic year)	4,000	4,000	6,000	6,000	
10	XIII	Studying ITI or Polytechnic course (Every academic year)	1,000	1,000	1,200	1,200	".

- (ii) for sub-clause (3), the following sub-clause shall be substituted, namely:-
 - "(3) The application for assistances specified in serial numbers 2 and 5 in column (1) of the Table in sub-clause (1) submitted after passing of the course shall be in Form XI, the application for assistances specified in serial numbers 6 to 10 in column (1) of the said Table shall be in Form XIII to be submitted before completion or passing of the course and the application for assistances specified in serial numbers 1,3 and 4 shall be in Form XII to be submitted before completion or passing of the course.";
- in clause 22, in sub-clause (1), for the expression "Secretary or any other Officer authorised in this behalf by the Board, shall on an application from a registered manual worker," the expression "Labour Officer (Social Security Scheme) of the respective district shall, on an application from a registered manual worker, after due verification," shall be substituted;
 - in clause 23, for sub-clause (1), the following sub-clause shall be substituted, namely:-
- "(1) The Labour Officer (Social Security Scheme) of the respective district shall on an application from a registered female manual worker shall, sanction the assistance as indicated below, after due verification of the proof produced by her of her pregnancy or delivery of child by her or the miscarriage of her pregnancy or the termination of pregnancy:-
 - (i) Pregnancy Rs.6,000/
 (Rs.3,000/- shall be paid on the seventh month of pregnancy and remaining Rs.3,000/- shall be paid on delivery of the child)
 - (ii) Miscarriage of pregnancy -Rs.3,000/-
 - (iii)Termination of pregnancy -Rs.3,000/-.";

- (13) in clause 24,-
 - (i) in sub-clause (1), for the expression "Secretary or any other officer authorised in this behalf by the Board, shall on an application in form XVI from a registered manual worker," the expression "Labour Officer (Social Security Scheme) of the respective district shall on an application in form XVI from a registered manual worker, after due verification," shall be substituted;
 - (ii) for sub-clause (2), the following sub-clause shall be substituted, namely:-
 - "(2) The assistance shall be restricted to 65 registered manual workers per year in each district on "First come First serve" basis depending upon the applications received".

(14) for Form I, the following Form shall be substituted, namely:-

"FORM - I

[See clause 9(2)]

APPLICATION FOR REGISTRATION

APPLICATION	FOR RE	GISTKAT	ION	
To				
The Labour Officer (Social Security Scheme)				
district.				Affix
Registration No				Passport
(to be filled in by the Registration Authority)				size
1. Name of the Worker	:			photograph
2. Name of the Father/Husband	:			
3. Date of birth				
(Enclose Xerox Copy of evidence	Day	Month	Year	
in proof duly attested by a Group A or Grou	ip B offic	er)*		
4. Marital Status				
(Whether married, unmarried, widow/wi	idower):			
5. Permanent address	:			
6. Present address	:			
7. State whether self-employed or employed	:			
8. If employed, furnish the name and address				
of the establishment and also the name and				
address of the employer contractor	:			
9. Nature of work	:			
10. Number of years engaged in the employm	ient			
as on the date of application	:			

11. Particulars of	the members of the f	amily		
Sl. No.	Name	Age	Relationship	Marital status
(1)	(2)	(3)	(4)	(5)

12. (a) Whether the wife/	husband is employed?	:				
(b) If so furnish detail	(b) If so furnish details					
13. Nomination for receip	ot of Natural Death/Accidental					
Death Assistance	:					
Name and address * *of	Nominee's Relationship	Age of the	Percentage of			
amount to be						
the nominee/nominees	with the worker	nominee	paid to each			
nominee						
(1)	(2)	(3)	(4)			

^{* (}i) Birth Certificate or (ii) School Certificate or (iii) Driving License or (iv) Ration Card or

Signature/Thumb impression of the manual worker

DECLARATION BY THE APPLICANT***

I declare that I am not registered as a member in any other Manual Workers Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Signature or left hand thumb impression of the manual worker. (Left hand thumb impression to be attested by the Registration Authority)

CERTIFICATE OF EMPLOYMENT***

Certified that the particulars furnished by Thiru/Thirumathi/ Selvi	,
regarding employment as a manual worker in the application for registration are true to the	best
of my knowledge and belief.	

Place:

Date:

Signature and name of the person / Officer issuing the certificate

***Any false declaration / certification will entail legal action

VERIFICATION CERTIFICATE

After due verification it is certified that the application and the proof are found correct and recommended for registration.

Place:	Village Administrative Officer /	
Tiacc.	vinage Aummistrative Officer	

⁽v) Voter's identity card or (vi) Certificate from Registered Medical Practitioner not below the rank of Civil Surgeon of a Government Hospital in the prescribed format duly signed by the worker.

^{**}Any false declaration / certification will entail legal action.

^{**} Nominees shall be Dependant Family Members.

Offic	ee Note:-
Appli accep Welfa	cation and proof verified. The recommendation of the
	Labour Officer (Social Security Scheme)
	ACKNOWLEDGEMENT SLIP
	ACKNOW LEDGEMENT SLIT
	Received from Selvi/Thiru/Tmtresiding at
Nadu	
	Name:
	Designation: .";
(15)	in Form II,- (i) under the heading "SCHEME ASSISTANCES OF THE BOARD", in serial number
(15)	
	8, against the entry "Pension", for the expression "300", the expression "400" shall be substituted;
	 (ii)under the heading "GENERAL INSTRUCTIONS",- (a) for the expression "Assistant Inspector of Labour", the expression "Labour Officer (Social Security Scheme) of the respective district", shall be substituted; (b) for the expression "Board" occurring in three places, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
(16)	in FORM VII, for the expression "The Secretary,", the expression "The Labour Officer (Social Security Scheme), "shall be substituted;
(17)	for FORM VIII, following Form shall be substituted, namely:-

Revenue Inspector (for Chennai district)

Date:

"FORM – VIII [See Clause 17(3)(b)]

APPLICATION FOR PAYMENT OF COMPENSATION FOR ACCIDENTAL DEATH/ DISABILITY

To		
The Labou	r Officer (Social Security Scheme)	
	district.	
5.	worker :	
	(b)Address (in full)	
	(on the date of death/ disability)	:
	(c) Age	
	(d) Registration number and date of	
	initial registration	:
	(e) Renewal date	:
	(f) Occupation	:
2.	(a)Area	:
	(b)Place	:
	(c)District	:
3.	(a) Name of the nominee	:
	(b) Relationship with the deceased registered n	nanual worker
	(in the case of accidental death only)	
	(c) Age of the nominee	:
	(d) Address in full (with PIN)	:
5.	Whether the claimant is the registered worker himself (in the case of accidental	
	disability) or the nominee of the	

6. Place of accident (a) at the work place (b) outside the work place 7. Whether intimation regarding accident has been given in Form VII as per clause 17 (3) (a)? 8. Whether the accident resulted in death/ loss of limb/loss of eye sight/partial injury? 9. In the case of accidental disability, a certificate: from a Civil Surgeon of the Government Hospital indicating the percentage of disability due to accident with details should be obtained and enclosed in original. 10 (i) Date and time of death (in the case of accidental death): (ii) Attested copy of First Information Report. from the Police Station nearer to the place of accident to be enclosed (iii) Post-Mortem Certificate and final Investigation Report should be sent in original (iv) Death Certificate (attested copy) should be enclosed Signature/Thumb impression of the registered manual worker/nominee in case of death.

registered manual worker?

Date and time of accident

5.

DECLARATION BY THE CLAIMANT.**

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for accidental death/disability. I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place:

Date: Signature of the registered manual worker /

nominee in case of

death. **Any false declaration / certification will entail legal action.

Received from Selvi/Thiru/Tmt	(Affix Rubber Stamp) GEMENT SLIP application for sanction y in respect of deceased registered manual worker Registration Number)/registered manual worker
Received from Selvi/Thiru/Tmt	GEMENT SLIP application for sanction y in respect of deceased registered manual worker Registration Number)/registered manual worker tration Number). bour Officer (Social Security Scheme)
Received from Selvi/Thiru/Tmt	application for sanction y in respect of deceased registered manual worker Registration Number)/registered manual worker tration Number).
of assistance towards accidental death/disability Selvi/Thiru/Tmt. (R Selvi/Thiru/Tmt(Registr Lab dist	application for sanction y in respect of deceased registered manual worker Registration Number)/registered manual worker tration Number). bour Officer (Social Security Scheme)
of assistance towards accidental death/disability Selvi/Thiru/Tmt. (R Selvi/Thiru/Tmt(Registr Lab dist	application for sanction y in respect of deceased registered manual worker Registration Number)/registered manual worker tration Number). bour Officer (Social Security Scheme)
dist	•
Office Seal:	
	Name: Designation: . ";
(18) for Form-VIII-A, the following Form share "FORM	nall be substituted, namely:- $\frac{\mathbf{K}\mathbf{M} - \mathbf{I}\mathbf{X}}{\mathbf{X}}$
	use 18(2)]
APPLICATION	N FOR PENSION
To The Labour Officer(Social Security Scheme)	Passport Size photograph duly signed
is to be sent) (with PIN code) : 3. Registration number and date : (Original identity Card should be enclosed) 4. Age and date of completion of	
 60 years of age : 5. Date of completion of continuous period of five years as registered manual worker of the I 6. Whether the registration has been renewed regularly without any default? If so, 	Board :
details may be furnished :	Period of validity of registration/renewal
Sl. Date of initial registration/ No subsequent renewal	From To
(1) (2) 7. Whether in receipt of any other pension?	(3) (4)

If so, furnish complete details

manual worker.

DECLARATION**

I hereby certify that the facts mentioned above are true to the best of my knowledge and information. I am not a registered manual worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place:	Signature/Thumb impression of the registered			
Date:	manual worker	manual worker		
	Name:			
**Any false declaration / c	certification will entail legal action.:			
	ograph affixed above another passport size			
	d be enclosed with the application.			
2. Incomplete applic	eations will not be considered.			
	SANCTION			
•	ion after due verification a monthly Pension of Rs/	` -		
Place:	Labour Officer(Social Security Schem	ie)		
Date:	Distric	*		
	ACENOWLEDCEMENT SLID			
<u>P</u>	A C K N O W L E D G E M E N T S L I P			
Received from	om Selvi/Thiru/Tmt(Address in full)(Registration No.			
application for sanction of	` `			
11	Labour Officer (Social Security Scheme) with date		
	Name:			
	Office Seal :			
	Designation:	. ",		

(19) after FORM-IX, so substituted, the following Form shall be inserted, namely:-

"<u>FORM IX-A</u>

[See clause 18(2)]

APPLICATION FOR DISABILITY PENSION

To The Labour Officer (Social Security Scheme) district.	Passport size photograph duly signed
1. Name of the Applicant :	
2. Address in full (to which pension	
is to be sent) (with PIN code) :	
3. Registration number and date :	
(Original identity card should be enclosed)	
4. Age and date of completion of	
60 years of age :	
5. Date of completion of continuous period of	
five years as registered manual worker of the Board :	
6. Whether the registration has been renewed regularly without any default? If so, details may be furnished :	

Sl.	Date of initial registration/	Period of validity of	f registration/renewal
No.	subsequent renewal	From	To
(1)	(2)	(3)	(4)

7. Whether the applicant has become disabled due to sickness and incapacitated from normal work? (If so, a certificate by a Medical Officer not below the rank of Civil Surgeon of the Government

Hospital under his name and seal should enclosed in original) : 8. Whether in receipt of any other pension? If so, furnish complete details	be :
	Signature/Thumb impression of the
registered	manual worker
<u>DECI</u>	LARATION**
information. I am not a registered worker of the information given by me is false, I ag	oned above are true to the best of my knowledge and any other Board. If ultimately it is found that any of tree to refund the entire amount received by me as nat may be deemed fit by the appropriate authorities.
	received similar benefits by claim in any other he Government of Tamil Nadu or under any
worker	gnature/Thumb impression of the registered manual ame:
Note: 1. Besides the photograph affixed abo	<u> </u>
photograph should be enclosed with 2.Incomplete applications will not be	
S	ANCTION
(Rupees only) with effect from	rerification a monthly pension of Rs/- The amount shall be sent by loney Order.
Office Seal:	* 1 000 / G 11G 1: G -
Place:	Labour Officer (Social Security Scheme)

ACKNOWLEDGEMENT SLIP

Date:

.....District.

Received from Selvi/Thiru/Tmt	(Address in full)
	(Registration No)
application for sanction of disability pension.	,
Lat	our Officer (Social Security Scheme) with date
	Name:
	Office Seal:
	Designation: . ";
_	

(20)after Form-IX-A, so inserted, the following Form shall be inserted, namely:-

"FORM - X

[See Clauses 19(2) and 20(2)] APPLICATION FOR PAYMENT OF FUNERAL EXPENSES/ NATURAL DEATH ASSISTANCE

To
The Labour Officer (Social Security Scheme)
district.
1. Name of the Deceased Registered Manual
Worker: 2.Address (in full at the time of Death):
3.Age (on the date of Death):
4. Nature of work:
(vii) (a) Registration Number and date of initial regi
(Original Identity card should be enclosed)

istration. (Original Identity card should be enclosed).

(b) Date of last renewal, indicating the

period upto which renewed

- 6. (a) Place of death
 - (b) Date of death
 - (c) Cause of death (to be indicated clearly):

Avoid indicating as "Natural Death"

(Death Certificate in original shall be enclosed):

- 7. (a) Name of the nominee:
 - (b) Age of the nominee (in completed years):
 - (c) Address of the nominee in full indicating PIN Code:
 - (d) Relationship of the nominee with the deceased registered manual worker

Signature/Thumb impression of the nominee registered manual worker

of the

DECLARATION OF THE NOMINEE**

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for death/funeral expenses of the deceased manual worker.

I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes. Place :

Date:

**Any false declaration / certification will entail legal action.

Signature/Thumb impression of the nominee of the registered manual worker

CERTIFICATE**

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date: Members, Tamil Nadu Auto Rickshaw and Taxi

Drivers Welfare Board, President/Secretary of the

Regd.

Trade Union of the Employment concerned / Assistant Inspector of Labour concerned/ Any

other

officer permitted to give employment

certificate. **Any false declaration / certification will entail legal action.

SANCTION

	ue verification a sum of Rs. /- /Selvi, nominee / nominees for the fun	(Rupees eral of		
Thiru/Thirumathi/Selvia registered manual worker.				
	/Selvi, nominee/nominees on the natural	Rupees death of		
Office Seal: Place: Date:	Labour Officer (Social SecurityDistrict.	Scheme)		
ACKNOW	LEDGEMENT SLIP			
Received from Selvi/Thiru/Tmt				
	ance in respect of deceased registered manual (Registration No.)			
	Labour Officer (Social Security Schendistrict with date Name:	me)		
Office Seal :	Designation:	. ",		
(21) for Form-XI, the following Form	n shall be substituted, namely:-			
	"FORM - XI			
APPLICATION FOR EDUC 10 TH STANDARD ANI	See clause 21 (3)] CATIONAL ASSISTANCE FOR PASS IN D 12 TH STANDARD EXAMINATION.			
To The Labour Officer (Social Security Scheme) district.	heme)			
 1.Name of the registered manual 2.(a) Registration Number and da (Original Identity card shown (b) Date of last renewal, indicated period upto which renewed 3. Address (in full) with PIN Control 	ate of initial registration. Ild be enclosed). Iting the d			

4. Details of family members of the registered

manual worker: -

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought for:-

Sl.	Name	D (CD' 1	Examination	Month and	Name of the
No.	(Son/Daughter)	Date of Birth	passed	Year of Pass	School studied
(1)	(2)	(3)	(4)	(5)	(6)

<u>Note:-</u> Xerox copy of the Mark Sheet in support of having passed the Examination, duly attested by a Group A or Group B Officer should be enclosed.

6. Number of children for whom the educational assistance has already been availed from the

Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing assistance	Amount of assistance (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker **DECLARATION BY THE APPLICANT****

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance. I further declare that I have not availed similar assistance from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place

Signature/Thumb impression of the registered manual

Date worker

CERTIFICATE**

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date: Members, Tamil Nadu Auto Rickshaw and Taxi

Drivers Welfare Board, President/Secretary of the

Regd.

Trade Union of the Employment

concerned/Assistant

Inspector of Labour concerned/Any other

officer/agency

permitted to give employment certificate.

^{**}Any false declaration / certification will entail legal action

^{**}Any false declaration / certification will entail legal action.

SANCTION

I hereby sanction after due verification a sum of Rs/- (Rupees				
Place:	Labour Officer (Social Security Scheme)			
Date * Strike out whichever is not applicable.	District			
Suike out whichever is not applicable.				
_				
ACKNOWL	EDGEMENT SLIP			
sanction of educational assistance.	vi/ (Registration No) claim application for (Social Security Scheme) district with date			
000 0 1	Name:			
Office Seal:	Designation: . ";			
(22) for Form-XII, the following Form s	shall be substituted, namely:-			
	FORM - XII e clause 21 (3)]			
	ONAL ASSISTANCE FOR GIRL CHILDREN STUDYING 1 TH STANDARD / 12 TH STANDARD.			
IN 10 *** STANDARD/ 1:	1 STANDARD / 12 STANDARD.			
The Labour Officer (Social Security Schen district.	ne)			
distillt				

- (11) Name of the registered manual worker.
- (12) a) Registration Number and date of initial registration (Original identity card should be enclosed).
- b) Date of last renewal, indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered manual

worker:

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the daughter for whom Educational Assistance is sought for:-

	eve coming of the damphor for which have determined in not being for					
ĺ				Standard in	Year of	
	Sl.			which studying (Std. 10 th /11 th /	Study (indicate	Name of the school
١	No.	Name	Date of Birth	(Std. 10 th /11 th /	the academic	with full address
				12 th)	vear)	
ı	(1)	(2)	(2)	(4)	(5)	(6)
ı	(1)	(2)	(3)	(4)	(3)	(0)
ĺ						

<u>Note</u>: - Certificate from the Head Master/Principal of the School to the effect that the daughter of the registered manual worker is studying the course, should be enclosed.

6. Number of children for whom the assistance has already been availed from the Board:

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing the assistance	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker

DECLARATION BY THE APPLICANT**

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or any other Government Schemes.

Place:

Date: Signature/Thumb impression of the registered manual

worker

**Any false declaration / certification will entail legal action

CERTIFICATE**

I hereby certify that the particulars furnished in the application form are correct. Place: Date: Members. Tamil Nadu Auto Rickshaw and Taxi Drivers Welfare Board, President/Secretary of the Regd. Trade Union of the Employment concerned/Assistant Inspector of Labour concerned /Any other officer permitted to give employment certificate. **Any false declaration / certification will entail legal action **SANCTION** I hereby sanction after due verification a sum of Rs/- (Rupees......only) to the claimant as educational assistance, in respect of Selvi...... daughter of Thiru/Tmt...... registered manual worker...... (Registration No......). **Office Seal: Labour Officer (Social Security Scheme)** Place: ••••• district with date Date: ACKNOWLEDGEMENT SLIP Received from Thiru/Tmt. registered manual worker (Registration No......), claim application for sanction of educational assistance. Labour Officer (Social Security Scheme) district with date Name: Office Seal: Designation: for Form-XIII, the following Form shall be substituted, namely:-(23)"FORM - XIII [See clause 21 (3)] APPLICATION FOR EDUCATIONAL ASSISTANCE FOR HIGHER EDUCATION To The Labour Officer (Social Security Scheme)

..... district.

Name of the registered manual worker.

- a) Registration Number and date of initial registration (Original identity card should be enclosed).
 - b) Date of last renewal, indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered manual worker :

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought:-

Sl. No.	Name	Date of Birth	Name of the course studying	Duration of the course	Name of the College/Institution with address in full
(1)	(2)	(3)	(4)	(5)	(6)

Note: - Certificate from the Principal of the College/Educational institution to the effect that the son or daughter of the registered manual worker is studying the course indicating whether a day scholar or hosteller should be enclosed in original.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Years of availing assistance Rs.	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual

worker.

DECLARATION BY THE APPLICANT.**

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefit by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other					
Government Schemes.					
Place:	ace:				
Date Signature/Thumb impression of the registered manual					
worker.					
**Any false declaration / certific	eation will entail legal action				
	CERTIFICATE**				
I hereby certify that the par	ticulars furnished in the application form are correct.				
Place:					
Date:	Members, Tamil Nadu Auto Rickshaw and				
Taxi					
	Drivers Welfare Board, President/Secretary of the				
Regd.	Trade Union of the Employment concerned				
/Assistant	Inspector of Labour concerned				
/Any other officer	permitted to give employment certificate.				
•					
**Any false declaration / certific	zation will entail legal action.				
	SANCTION				
only) towards educational ass	after due verification for payment of Rs/- (Rupees istance in respect of *Selvi/*Selvan*son /*daughter of red manual worker (Registration number).				
Place:	Labour Officer (Social Security Scheme) district with date				
Date	With title				
* Strike out whichever is not app	plicable.				
<u>A C K</u>	NOWLEDGEMENT SLIP				
Received from Thiru/Tmt registered manual worker (Registration No) claim application for sanction of educational assistance.					
	Labour Officer (Social Security Scheme) with				
date.";	Nama				
Office Seel	Name: Designation:				
Office Seal :	Designation.				

(24) for Form-XIV, the following Form shall be substituted, namely:-

FORM XIV

[See clause 22(4)]

APPLICATION FOR PAYMENT OF MARRIAGE ASSISTANCE

To
The Labour Officer (Social Security Scheme)
 4. Name of the registered manual worker. 5. Registration Number and date of initial registration (Original identity card should be enclosed). 3. Address in full with PIN Code: 4. (a)Particulars of the members of the family of the registered manual worker: SI No. Name Relationship Age Marital Status (1) (2) (3) (4) (5) (b) (i) Name of the person for whose marriage the assistance is sought for (ii) Relationship to the registered manual worker: (iii) Age in completed years on the date of marriage: (c) Names of the couple: (i) Bride (ii) Groom (d) Date and venue of the marriage (Marriage invitation to be enclosed in original): (26) Has the marriage assistance been availed earlier from the Board? If so, furnish details:
Signature/Thumb impression of the registered manual worker.
DECLARATION BY THE APPLICANT**
I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance for the marriage of Self/Daughter/Son.
I also hereby declare that I have not received similar benefits by claim in any other

Welfare Board or Boards constituted by the Government of Tamil Nadu or any other Government Schemes.

Place:

Date:

Signature/Thumb impression of the registered manual

worker.

^{**}Any false declaration / certification will entail legal action.

I hereby certify that the particulars	furnished in the app	olication form are correct.
Place: Date: Taxi	Members,	Tamil Nadu Auto Rickshaw and
Regd.		are Board, President/Secretary of the
/Assistant /Any other officer/		ion of the Employment concerned Inspector of Labour concerned mitted to give employment certificate
**Any false declaration / certification will entail legal action.		
I hereby sanction after due verification only) towards marriage assistance of registered manual worker of the Board (Office Seal:	the son / daughte Registration numbe	
ACKNOW	V L E D G E M E N	IT SLIP
Received from Thiru/Tmt	, ,	gistration. No)claim application for
sanction of marriage assistance.	Signatu (Social	are of the Labour Officer I Security Scheme) district with
Office Seal:		Designation: .";

"FORM - XV

[See clause 23(3)]

APPLICATION FOR PAYMENT OF MATERNITY ASSISTANCE FOR PREGNANCY OR MISCARRIAGE OR TERMINATION OF PREGNANCY BY A REGISTERED FEMALE MANUAL WORKER

To
The
Labour Officer (Social Security Scheme)
district

- 8. Name of the registered female manual worker:
- 9. (a) Registration Number and date of initial registration (Original Identity card should be enclosed).
 - (b) Date of last renewal indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Particulars of surviving son/daughter of the registered female manual worker:

Sl. No.	Name	Sex	Date of Birth	Age
(1)	(2)	(3)	(4)	(5)

- 6. Month of pregnancy* on the date of claim application:
 - *(Certificate from the Civil Assistant Surgeon of the Government Hospital in support of this should be enclosed in original)
- 7. Whether the claim is for pregnancy or miscarriage of pregnancy or termination of pregnancy?

 If so details may be furnished. (Certificate from the Civil Assistant Surgeon of the Government Hospital to this effect should be obtained and sent in original)
- 8. Whether the assistance has already been availed by the registered female manual worker? If so, details may be furnished:

Signature/Thumb impression of the registered manual worker.

DECLARATION BY THE APPLICANT**

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance.

	by the Government of Tamil Nadu or under any other			
Government schemes. Place:				
Date: Signature/Thumb impression of the registered ma				
worker.	Signature impression of the registered manual			
**Any false declaration / certification will entail legal action.				
	n the Registrar of Births of the area concerned should be se of the assistance after the date of delivery.			
month of pregnancy either before do reported to the Medical Officer of Pr the Health Officer concerned, imme	emise of the registered female manual worker after the 7 th elivery or three months after delivery, the fact should be imary Health Centre concerned and for Chennai district to ediately along with the Death Certificate in original, for tural death assistance as admissible under the Scheme.			
	CERTIFICATE**			
I hereby certify that the particular	rs furnished in the application form are correct.			
Place:				
Date:	Members, Tamil Nadu Auto Rickshaw and			
Taxi				
	Drivers Welfare Board, President/Secretary of the			
Regd.	Trada Union of the Employment concerned			
/Assistant	Trade Union of the Employment concerned Inspector of Labour concerned			
/Any other officer	permitted to give employment certificate.			
**Any false declaration / certification	will entail legal action.			
only) to Tmt (Registratio	SANCTION or the payment of assistance of Rs/-(Rupees n No) *at the time of seventh month of pregnancy / age of pregnancy /* termination of pregnancy (* Strike out			
Office Seal:	Labour Officer (Social Security Scheme) district			
	Labour Officer (Social Security Scheme) district			

I also hereby declare that I have not received similar benefits by claim in any other

Received from Tmt.	claim application for	
sanction of maternity assistance for pregnancy/miscarriage of pregnancy / termination of		
pregnancy in respect of the registered femal	e manual worker .	
	Labour Officer (Social Security Scheme)	
	district	
	with date Name:	
	Designation:	
Office Seal :		

"FORM - XVI

[See clause 24(1)]

APPLICATION FOR REIMBURSEMENT OF COST ON PURCHASE OF SPECTACLES BY THE REGISTERED MANUAL WORKER

То
The Labour Officer (Social Security Scheme)
district.
(v) Name of the registered manual worker.
(vi)(a) Registration Number and date of initial registration.
(Original identity card should be enclosed).
(b) Date of last renewal indicating the
period upto which renewed
3. Address in full with PIN code:
4. Date of purchase of spectacles and its actual cost :
5. Whether certificate issued by a registered
Opthalmist is enclosed in original? :
6. Whether cash bill is enclosed in original?
Signature/Thumb impression of the registered manual worker.
DECLARATION BY THE APPLICANT**
(i) I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount reimbursed towards purchase of spectacles for myself.
(ii) I also hereby declare that I have not received similar benefit by claim in any other
Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other
Government schemes.
Place:
Date: Signature/Thumb impression of the registered manual
worker.
**Any false declaration / certification will entail legal action.

CERTIFICATE**

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date:	Members,	Tamil Nadu Auto	Rickshaw and		
Taxi					
	Drivers Welfa	are Board, President	Secretary of the		
Regd.					
(A. • • • • • • • • • • • • • • • • • • •	Trade Ur	nion of the Employm			
/Assistant		-	abour concerned		
/Any other officer	perm	permitted to give employment certificate.			
**Any false declaration / certificat	tion will entail legal action	l .			
	SANCTION				
I hereby sanction after due	verification the reimburse	ement of a sum of R	s/-(Rupees		
only) to Selvi/Thiru/Tmthimself/herself.	, towards the actual cost on purchase of spectacles for				
Annagen, nersen.	The Labour Officer (Social Security Schen District				
ACKN	IOWLEDGEMEN	T SLIP			
	a 1 :				
Received from Thiru/Tmt./					
(Registration No) ap for himself/herself	plication for reimbursemen	nt of cost on purchas	se of spectacles		
	Labour Officer	(Social Security Sci	heme)		
	district with dat		,		
		Name:			
Office Seal:	I	Designation:	",		
_					

NOTIFICATION IV.

In exercise of the powers conferred by section 4 read with section 3 of the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 (Tamil Nadu Act 33 of 1982), the Governor of Tamil Nadu, after consultation with the Advisory Committee, hereby makes the following amendments to the Tamil Nadu Domestic Workers Social Security and Welfare Scheme, 2007.

2. The amendments hereby made shall come into force on the 31st day of October, 2008.

AMENDMENTS

In the said Scheme, -

- (1) in clause 8,-
 - (i) in sub-clause (1), after the expression "Board", the expression "through the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
 - (ii) in sub-clause (2),-
 - (a) after the expression "such registration shall be made", the expression "in duplicate to the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
 - (b) after item (c), the following item shall be added, namely:-
 - "(d) Village Administrative Officer and for Chennai district, Revenue Inspector concerned.";
 - (iii) for sub-clause (3), the following sub-clause shall be substituted, namely:-
 - "(3) (a) The registration of the name of the manual worker with the Board shall be made by the Labour Officer (Social Security Scheme) of the respective district after due verification by the respective Village Administrative Officer and for Chennai district, by the Revenue Inspector concerned.
 - (b) The registration under this clause is valid for a period of two years or until the registered manual workers attains the age of sixty years, whichever is earlier.";
 - (iv) in sub-clauses (4) and (5), for the expression "Board" wherever it occurs, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted:
 - (v) in sub-clause (6), after item (c), the following item shall be added, namely:-

- "(d) Where the nomination made is incomplete or becomes void, the assistance shall be released to the legal heirs of the deceased registered manual worker.";
- (2) in clause 9, for the expression "The Assistant Inspectors of Labour concerned", the expression "The Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (3) in clause 11, in sub-clause (4), after the expression "Board", the expression "and the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
- (4) in clause 14,-
 - (i) in sub-clause (3), the expression "or any other officer authorized in this behalf by the Board" shall be omitted;
 - (ii) in sub-clause (4), for the expression "sub-clause (4)", the expression "sub-clause (3)" shall be substituted;
- (5) in clause 15, for the expression "Secretary or any other officer authorized by him in this behalf", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (6) in clause 17,-
 - (i) in sub- clause (1), after the expression "Personal Accident relief", the following expression shall be added, namely:-
 - "and where the accident results in death, their nominees are eligible for Personal Accident Relief";
 - (ii) in sub-clause (3),-
 - (a) in item (a), for the expression "Board" occurring in three places, the expression "Labour officer (Social Security Scheme) of the respective district" shall be substituted;
 - (b) in item (e), for the expression "The Board or any other officer authorised in this behalf", the expression "Labour officer (Social Security Scheme) of the respective district" shall be substituted;
- (7) in clause 18,
 - in sub-clause (2), for the expression "Board" occurring in five places, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;

- (ii) in sub-clause (3), for the expression "Rs.300 (Rupees three hundred only)", the expression "Rs.400 (Rupees four hundred only)" shall be substituted;
- (8) in clause 19,-
 - (i) in sub-clause (1), for the expression "Secretary or any other officer authorized in this behalf by the Board", the expression "Labour officer (Social Security Scheme) of the respective district after due verification" shall be substituted;
 - (ii) in sub-clause (2), the expression "by the Board" shall be omitted;
- (9) in clause 20, in sub-clause (1), for the expression "Secretary or any other officer authorized in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district after due verification" shall be substituted;
- (10) in clause 21,-
 - (13) for sub-clause (1), the following sub-clause shall be substituted, namely:-
 - "(1) The assistance for the education of the children of a registered manual worker shall be sanctioned by the Labour Officer (Social Security Scheme) of the respective district after due verification as specified in the Table below:-

THE TABLE

g	-	G 45. 1	Day S	cholar	Но	steller
Serial Number	Form	Course of Study	Boys	Girls	Boys	Girls
			Rs.	Rs.	Rs.	Rs.
1	XI	10 th Std., Studying- Girl children only		1,000		
2	X	10 th Std., passed	1,000	1,000		
3	XI	11 th Std., Studying- Girl children only		1,000		
4	XI	12 th Std. Studying – Girl children only		1,500		
5	X	12 th Std. passed	1,500	1,500		
6	XII	Studying regular Bachelor Degree course (Every academic year)	1,500	1,500	1,750	1,750
7	XII	Studying regular Post Graduate course (Every academic year)	2,000	2,000	3,000	3,000

8	XII	Studying regular Professional Course in Law, Engineering, Medicine, Veterinary, Science and allied courses . (Every academic year)	2,000	2,000	4,000	4,000	
9	XII	Studying regular Post Graduate Professional Course in Law, Engineering, Medicine, Veterinary, Science and allied courses (Every academic year)	4,000	4,000	6,000	6,000	
10	XII	Studying ITI or Polytechnic course (Every academic year)	1,000	1,000	1,200	1,200	,;; . ,

- for sub-clause (3), the following sub-clause shall be substituted, namely:-"
- (3) The application for assistances specified in serial numbers 2 and 5 in column
 - (v) of the Table in sub-clause (1) shall be submitted after passing of the course in Form X, the application for assistances specified in serial numbers 6 to 10 in column (1) of the said

Table shall be in Form XII to be submitted before completion and passing of the course and

the application for assistances specified in serial numbers 1,3 and 4 shall be in Form XI to be submitted before completion and passing of the course.";

- in clause 22, in sub-clause (1), for the expression "The Secretary or any other Officer authorized in this behalf by the Board, shall on an application from a registered manual worker," the expression "The Labour Officer (Social Security Scheme) of the respective district shall, on an application from a registered manual worker, after due verification," shall be substituted;
- in clause 23, for sub-clause (1), the following sub-clause shall be substituted, namely:-
 - "(1) The Labour officer (Social Security Scheme) of the respective district shall, on an application from a registered female manual worker shall sanction the assistance as indicated below, after due verification of the proof produced by her of her pregnancy or delivery of child by her or the miscarriage of her pregnancy or the termination of pregnancy:-
 - (i) Pregnancy
 Rs.6,000/(Rs.3,000/- shall be paid on the seventh month of pregnancy and remaining Rs.3,000/- shall be paid on delivery of the child)
 - (ii) Miscarriage of pregnancy -Rs.3,000/-
 - (iii)Termination of pregnancy -Rs.3,000/-.";

in clause 24,-

- (i) in sub-clause (1), for the expression "The Secretary or any other officer authorized in this behalf by the Board, shall on an application from a registered manual worker," the expression "The Labour Officer (Social Security Scheme) of the respective district shall, on an application from a registered manual worker, after due verification," shall be substituted;
 - (ii)for sub-clause (2), the following sub-clause shall be substituted, namely:-
- "(2) The assistance shall be restricted to 65 registered manual workers per year in each district on "First come First serve" basis depending upon the application received.";
- (14) for Form I, the following Form shall be substituted, namely:-

"FORM – I [See Clause 8(2)] APPLICATION FOR REGISTRATION

To	
The Labour Officer (Social Security Scheme) district.	Affix Passport
Registration No	size
(to be filled in by the Registration Authority)	photograph
1. Name of the Worker :	_
2. Name of the Father/Husband :	

3. Date of birth

(Enclose Xerox Copy of evidence Day Month in proof duly attested by a Group A or Group B Officer)*

4. Marital Status

(Whether married, unmarried, widow/widower):

5. Permanent address :

6. Present address :

7. State whether self-employed or employed

8. If employed, furnish the name and address of the establishment and also the name and address of the employer/contractor

9. Nature of work :

10. Number of years engaged in the employment as on the date of application

11. Particulars of the members of the family

Sl. No.	Name	Age	Relationship	Marital status
(1)	(2)	(3)	(4)	(5)

12. (a) Whether the wife/husband is employed?:

(b) If so furnish details

13. Nomination for receipt of Natural Death/Accidental

Death Assistance :

Name and address ** of Nominee's Relationship Age of the Percentage of amount to be the nominee/nominees with the worker nominee paid to each nominee (1) (2) (3) (4)

Signature/Thumb impression

of the

registered manual worker.

DECLARATION BY THE APPLICANT.**

I declare that I am not registered as a member in any other Manual Workers Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Signature or left hand thumb impression of the manual worker. (Left hand thumb impression to be attested by the Registration Authority)

Year

- * i) Birth Certificate or ii) School Certificate or iii) Driving License or iv) Ration Card or
- v) Voter's identity card or vi) Certificate from Registered Medical Practitioner not below the rank of

Civil Surgeon of a Government Hospital in the prescribed format duly signed by the worker.

^{**} Nominees shall be dependent Family Members.

CERTIFICATE OF EMPLOYMENT.**

Certified that the particulars furnished by regarding employment as a manual worker in the of my knowledge and belief.	Thiru/Thirumathi/ Selvi, application for registration are true to the best
Place: Date: Signature and name of the person / Officer	_
**Any false declaration / certification will entail l	
<u>VERIFICATION</u>	CERTIFICATE.
	that the application and proof are found correct
and recommended for registration. Place: Date:	Village Administrative Officer / Revenue Inspector (for Chennai district)
Office Note:- Application and proof verified. The recommendat accepted and the applicant is registered as member Welfare Board . Application for membership rejection clearly mentioned).	r of the Tamil Nadu ted (In case of rejection, reason should be Labour Officer (Social Security Scheme)
	district
A C K N O W L E D G Received from Selvi/Thiru/Tmt	EMENT SLIPapplication
for registration as manual worker in the Tamil Na	
Office Seal:	Labour Officer (Social Security Scheme
	district with date
	Name : Designation:

- (15) in Form II,-
 - (i) under the heading "SCHEME ASSISTANCES OF THE BOARD", in serial number 8, against the entry "Pension", for the expression "300", the expression "400" shall be substituted;
 - (ii)under the heading "GENERAL INSTRUCTIONS",-
 - (a) for the expression "Assistant Inspector of Labour", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
 - (b) for the expression "Board" occurring in three places, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted; (iii) under the heading "Details of Scheme Assistance provided to the worker", in the Table, for the expression "Name of the Beneficiary", the expression "Name of the person" shall be substituted;
- in FORM VI, for the expression "The Secretary, Tamil Nadu Domestic Workers Welfare Board, Chennai.", the expression "The Labour Officer (Social Security Scheme)district." shall be substituted;
- (17) for FORM VII, the following Form shall be substituted, namely.-

"FORM – VII [See Clause 17(3)(b)]

APPLICATION FOR PAYMENT OF COMPENSATION FOR ACCIDENTAL DEATH/ DISABILITY

To				
		Officer (Social Security Scheme), district.		
	6.	(a)Name of the registered manual	}	
		worker	J	:
		(b)Address (in full)		
		(on the date of death/ disability)		:

initi (e) Rer	gistration number and date of al registration newal date supation a	; ; ; ;
(in the	f the nominee onship with the deceased regis case of accidental death only) f the nominee	
worker h disability registere 5. Date an 6. Place of (a) (b) 7. Whether int in Form VI 8. Whether the	the claimant is the regiment of the nominee of the ad manual worker? Ind time of accident of accident at the work place outside the work place imation regarding accident has as per clause 17 (3) (a)? In accident accident has as per clause 17 (3) (a)? In accident resulted in death/	tal : : : : : : s been given
from a Ci Hospital disability	e of accidental disability, a ce vil Surgeon of the Governmen indicating the percentage of due to accident with details sl and enclosed in original.	nt
(ii) Attested to the pl (iii) Post-M Invest	d time of death (in the case of d copy of First Information Reace of accident to be enclosed fortem Certificate and final igation Report should be sent a Certificate (attested copy) should	eport from the Police Station nearer in original:

Signature/Thumb impression of the registered manual worker/ nominee in case of death.

DECLARATION BY THE CLAIMANT.**

enclosed

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I

schemes.	
Place:	
Date :	
	Signature/Thumb impression of the registered manual
worker/	
	nominee in case of death.
**Any false declaration / certificat	ion will entail legal action.
	SANCTION.
5	ue to verification for the immediate payment of Rs/- al death/disability to Selvi/Thiru/Tmt nominee of the himself.
Office Seal:	Labour Officer (Social Security Scheme)
Place:	district.
Date:	
	(Affix Rubber Stamp)

hereby agree to refund in full the amount received as assistance for accidental death/disability. I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government

ACKNOWLEDGEMENT SLIP

Received from Selvi/Thiru/Tr			
of assistance towards accidental death/di worker Selvi/Thiru/Tmt.	, i	ceased regi	n for sanction istered manual)/registered
manual worker Selvi/Thiru/Tmt	(Registration	on Number).
Office Seal :	Labour Officer (Social district with date Name: Designation:	Security Schen	me)
	Designation.		• •
[See	shall be substituted, nan FORM VIII Clause 18(2)] FION FOR PENSION	nely:-	
То	TION TON TEMPOR	Passport 9	Size
The Labour Officer (Social Security Scheme	ne),	Passport S photogra	
district.		duly sign	-
 Name of the Applicant : Address in full (to which pension is to be sent) (with PIN code) Registration number and date (Original identity Card should be enclosed. Age and date of completion of 60 years of age : Date of completion of continuous period five years as registered manual worker of 6. Whether the registration has been renewate regularly without any default? If so, details may be furnished : 	of the Board :	registration/ren	ewal
Sl. Date of initial registration/ No subsequent renewal	From	То	- Vul
No subsequent renewal (2)	(3)	(4)	
7. Whether in receipt of any other pension?	. ,	, ,	<u>-</u>
If so, furnish complete details	:		
of the		Signature/Thun	nb impression
		registered mar	nual worker.

DECLARATION**

I hereby certify that the facts mentioned above are true to the best of my knowledge and information. I am not a registered manual worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other

Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes. Place: Signature/Thumb impression of the Date: Naintered manual worker. **Any false declaration / certification will entail legal action. Note: 1. Besides the photograph affixed above another passport size photograph should be enclosed with the application. 2. Incomplete applications will not be considered. **SANCTION** I hereby sanction after due verification a monthly Pension of Rs....../-The amount shall be sent by (Rupees.....only) with effect from.... Money Order. Office Seal: Place: **Labour Officer (Social Security Scheme)** Date:District. ACKNOWLEDGEMENT SLIP Received from Selvi/Thiru/Tmt.(Address in full)(Registration No......) application for sanction of pension. Labour Officer (Social Security Scheme)...... district with date Name: Office Seal: Designation:

(19)for Form-VIII-A, the following Form shall be substituted, namely:-

"FORM VIII-A

[See Clause 18(2)] APPLICATION FOR DISABILITY PENSION

To The Labour Officer (Social Security Scheme),			Passport size photograph	
district.				
1. Name of the Applicant :			duly signed	
2. Address i				
is to be				
3. Registrat				
(Origina	l identity card should be enclose	ed)		
4. Age and	date of completion of			
60 yea				
5. Date of c	ompletion of continuous period	of		
five years	as registered manual worker of	the Board :		
6. Whether	the registration has been renewe	ed		
regularly	without any default? If so,			
details m	ay be furnished	:		
Sl.	Date of initial registration/	Period of validity of registration/renewal		
No	subsequent renewal	From	То	
(1)	(2)	(3)	(4)	

7. Whether the applicant has become disabled due to sickness and incapacitated from normal work? (If so, a certificate by a Medical Officer not below the rank of Civil Surgeon of the Government Hospital under his name and seal should be enclosed in original)

8. Whether in receipt of any other pension?

If so, furnish complete details

Signature/Thumb impression

of the

registered manual worker.

DECLARATION**

I hereby declare that the facts mentioned above are true to the best of my knowledge and information. I am not a registered worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as disability pension besides any other action that may be deemed fit by the appropriate authorities.

Government schemes.	•	·
Place:	Signature/T	humb impression of the
	regis	stered manual worker.
Date:	Name:	
**Any false declaration / o	certification will entail legal action.	
Note: 1. Besides the photo	ograph affixed above another passport size	
photograph shoul	ld be enclosed with the application.	
2.Incomplete applie	cations will not be considered.	
	SANCTION	
I hereby sai	nction after due verification a monthly pension (Rupees	of Rs/-
only) with effect from	The amount shall be	sent by Money Order.
Office Seal:		
Place:	Labour Officer (Social Security Sche	me)
Date:	District	•
	ACKNOWLEDGEMENT SLIP	
Received from	om Selvi/Thiru/Tmt(Addres (Regis	,
application for sanction of	· · · · · · · · · · · · · · · · · · ·	,
	Labour Officer (Social Security Scheme)	district with date
	Name:	
Office Seal:	Designation:	›› · ·

for Form-IX, the following Form shall be substituted, namely:-

(20)

I also hereby declare that I have not received similar benefits by claim in any other

Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other

"FORM – IX

[See Clause 19(2) and 20(2)] APPLICATION FOR PAYMENT OF FUNERAL EXPENSES/

		NATURAL DEATH ASSISTANCE
To		
The La	abour O	officer (Social Security Scheme)
		district.
5.	Name	e of the Deceased Registered Manual Worker:
6.	Addr	ess (in full at the time of Death):
7.	Age	(on the date of Death):
8.	Natu	re of work:
9.	(a) R	egistration Number and date of initial registration.
		(Original Identity card should be enclosed).
		(b) Date of last renewal, indicating the
		period upto which renewed
	6.	(a) Place of death
	(b)	Date of death
	(c)	Cause of death (to be indicated clearly):
		Avoid indicating as "Natural Death"
		(Death Certificate in original shall be enclosed):
	7.	(a) Name of the nominee:
	(b)	Age on the nominee (in completed years):
	(c)	Address of the nominee in full indicating PIN Code:
	(d)	Relationship of the nominee with the deceased
		registered manual worker
		Signature/Thumb impression
of the		
		nominee of the registered manual

worker.

DECLARATION OF THE NOMINEE**

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for death/funeral expenses of the deceased manual worker.

I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place	:
_	

Signature/Left Thumb impression of Date

the

nominee of the registered manual worker.

^{**}Any false declaration / certification will entail legal action.

CERTIFICATE**

I hereby certify that the particulars furnished in the application form are correct.

Members, Tamil Nadu Domestic Workers Welfare Board, President/Secretary of the Regd.		
	1/4	
Inspector of Lab	ployment concerned / Assistant our concerned / Any other	
	e employment certificate.	
ail legal action.		
SANCTION		
	ominees for the funeral of	
	a registered manual worker.	
ification a sum of R, nominee/nom a registered ma	inees on the natural death of	
Labour Office	er (Social Security Scheme)	
1	District.	
DGEMENT S		
	claim application for	
	d registered manual worker	
Registration No.)	
istrict with date	(Social Security Scheme)	
name:		
	Welfare Board, I Union of the Em Inspector of Lab ficer permitted to give ail legal action. SANCTION ification a sum of F, nominee / n a registered ma Labour Office I respect of decease Registration No. Labour Officer istrict	

(21) for Form-X, the following Form shall be substituted, namely:-

"FORM-X

[See Clause 21(3)]

APPLICATION FOR EDUCATIONAL ASSISTANCE FOR PASS IN 10TH STANDARD AND 12TH STANDARD EXAMINATION.

10			
The Labour Officer	(Social	Security	Scheme
distr	rict.		

- 5. Name of the registered manual worker.
- 6. (a) Registration Number and date of initial registration. (Original Identity card should be enclosed).
 - (b) Date of last renewal, indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered

manual worker: -

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought for:-

Sl. No.	Name (Son/Daughter)	Date of Birth	Examination passed	Month and Year of Pass	Name of the School studied
(1)	(2)	(3)	(4)	(5)	(6)

<u>Note:-</u> Xerox copy of the Mark Sheet in support of having passed the Examination, duly attested by a Group A or Group B Officer should be enclosed.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing assistance	Amount of assistance (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression

of the

registered manual worker

I hereby agree to refund in full the amount	nformation given above is ultimately found to be false, a received as assistance. I further declare that I have not ther Welfare Board or Boards constituted by the other Government schemes.
Date : of the	Signature/Thumb impression
**Any false declaration / certification will	registered manual worker. entail legal action.
<u>CE</u>	RTIFICATE**
I hereby certify that the particulars fu	arnished in the application form are correct.
	orkers Welfare Board, President/Secretary of the Regd.
**Any false declaration / certification wil	Union of the Employment concerned / Assistant Inspector of Labour concerned / Any other officer permitted to give employment certificate. l entail legal action. SANCTION
	Rs/- (Rupees only) as educational * son/*daughter of *Thiru/Tmt registered
Place:	Labour Officer (Social Security
Scheme) Date * Strike out whichever is not applicable.	District
ACKNOWL	LEDGEMENT SLIP
Received from Thiru/Tmt./ Selvi/ sanction of educational assistance .	(Registration No) claim application for
Office Seal :	Labour Officer (Social Security Scheme) district with date Name: Designation: ";

I hereby declare that the particulars furnished above are correct and true to the best of

(22) for Form-XI, the following Form shall be substituted, namely:-

"FORM-XI [See Clause 21(3)]

APPLICATION FOR EDUCATIONAL ASSISTANCE FOR GIRL CHILDREN STUDYING IN 10 $^{\rm TH}$ STANDARD/ 11 $^{\rm TH}$ STANDARD/ 12 $^{\rm TH}$ STANDARD.

To	
The Labour Officer	(Social Security Scheme)
distr	ict.

- 6. Name of the registered manual worker.
- 7. a) Registration Number and date of initial registration (Original identity card should be enclosed).
 - b) Date of last renewal, indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered manual worker:

Sl.	Name	Relationship with the registered	Age
No.		manual worker	
(1)	(2)	(3)	(4)

5. Details of the daughter for whom Educational Assistance is sought for:-

Sl. No.	Name	Date of Birth	Standard in which studying (Std. 10 th /11 th /12 th)	Year of Study (indicate the academic year)	Name of the school with full address
(1)	(2)	(3)	(4)	(5)	(6)

<u>Note</u>: - Certificate from the Head Master/Principal of the School to the effect that the daughter of the registered manual worker is studying the course, should be enclosed.

6. Number of children for whom the assistance has already been availed from the Board:

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing the assistance	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb

impression of the

registered manual

worker.

DECLARATION BY THE APPLICANT**

I also hereby declare that I have not received similar benefits by claim from any other

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes. Place Date Signature/Thumb impression of the registered manual worker. **Any false declaration / certification will entail legal action. **CERTIFICATE**** I hereby certify that the particulars furnished in the application form are correct. Place: Date: Members, Tamil Nadu Domestic Workers Welfare Board, President/Secretary of the Regd. Trade Union of the Employment concerned / Assistant Inspector of Labour concerned / Any other officer permitted to give employment certificate. **Any false declaration / certification will entail legal action. **SANCTION** I hereby sanction a sum of Rs...../- (Rupees......only) to the claimant as educational assistance, in respect of Selvi...... daughter of Thiru/Tmt..... registered manual worker....... (Registration No.....). Offfice Seal: Place: Labour Officer (Social Security Scheme) Date District

ACKNOWLEDGEMENT SLIP

Received from Thiru/Tmt. registered manual worker (Registration No......), claim application for sanction of educational assistance.

4. Strike out whichever is not applicable.

	Labour Officer (Social Security Scheme)	
Date	district	
	Name:	
Office Seal:	Designation:	
".		

(23) for Form-XII, the following Form shall be substituted, namely:-

"FORM-XII [See Clause 21(3)]

APPLICATION FOR EDUCATIONAL ASSISTANCE FOR HIGHER EDUCATION

To
The Labour Officer (Social Security Scheme)
......district.

- (viii) Name of the registered manual worker.
- (ix) a) Registration Number and date of initial registration (Original identity card should be enclosed).
 - b) Date of last renewal, indicating the period upto which renewed
 - 3. Address (in full) with PIN Code:
 - 4. Details of family members of the registered

manual worker:

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought:-

Sl. No.	Name	Date of Birth	Name of the course studying	Duration of the course	Name of the College/Institution with address in full
(1)	(2)	(3)	(4)	(5)	(6)

Note: - Certificate from the Principal of the College/Educational institution to the effect that the son or daughter of the registered manual worker is studying the course indicating whether a day scholar or hosteller should be enclosed in original.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl.	NI	Son/	Course for which	Years of availing	Amount of
No.	Name	Daughter	assistance availed	assistance (Rs.)	assistance
(1)	(2)	(3)	(4)	(5)	(6)

registered manual worker.

DECLARATION BY THE APPLICANT**

I hereby declare that the particulars furnished in the application are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefit by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes. Place :

Date Signature/Thumb impression of the registered manual worker. **Any false declaration / certification will entail legal action. **CERTIFICATE**** I hereby certify that the particulars furnished in the application form are correct. Place: Date: Members, Tamil Nadu Domestic Workers Welfare Board, President/Secretary of the Regd. Trade Union of the Employment concerned / Assistant Inspector of Labour concerned / Any other officer permitted to give employment certificate. **Any false declaration / certification will entail legal action. **SANCTION** I hereby sanction after due verification for payment of Rs...../- (Rupees ...only) towards educational assistance in respect of *Selvi/*Selvan*son /*daughter of *Thiru/*Tmt..... registered manual worker (Registration number.....). Office Seal: **Labour Officer**, (Social Security Scheme) Place: district **Date**

ACKNOWLEDGEMENT SLIP

	registered manual claim application for sanction of educational
assistance.	ciaim appreation for sanction of educational
assistance.	Labour Officer (Social Security Scheme)district
	with date
	Name:
Office Seal :	Designation: . ";
(24) for Form-XIII, the following Form	n shall be substituted, namely:-
	"FORM – XIII See Clause 22(4)]
	YMENT OF MARRIAGE ASSISTANCE
To The Labour Officer (Social Security Schdistrict.	eme)
registered manual wor Sl No. Name Relationship (2) (3) (b) (i) Name of the person (ii) Relationship to the (iii) Age in completed (c) Names of the couple: ((d) Date and venue of the (Marriage invitation to	date of initial registration d be enclosed). e: members of the family of the ker: Age
	Signature/Thumb
impression of the	
worker.	registered manual

DECLARATION BY THE APPLICANT**

I hereby declare that the particulars furnished in the application are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance for the marriage of Self/Daughter/Son.

•	ot received similar benefits by claim in any oth	ner
Welfare Board or Boards constituted by the	he Government of Tamil Nadu or under any ot	
Government Schemes.	,	
Place :		
Date :	Signature/Thumb im	pression
of the		1
of the	registered manual	worker
**Any false declaration / certification wil		WOIRCI.
,	6	
	SANCTION	
•	ation for payment of Rs/- (Rupees	
	son / daughter / self of Thiru/Tmt	.,
registered manual worker of the Board (R	(legistration number)	
		a .
	Labour Officer (Social Security	
	••••••	District.
ACKNOWI	LEDGEMENT SLIP	
	· · · · · · · · · · · · · · · · · · ·	fa
	claim application	on for
sanction of marriage assistance.	Signature of the Labour Officer	
	(Social Security Scheme) district	with
	date	with
	Name:	
Office Seal :	Designation:	".
Office Seal.	Designation.	. ,
(25) for Form-XIV, the following Form	n shall be substituted, namely:-	
4	"FORM – XIV	
·		
	See clause 23(3)]	
[S	· / -	
[S APPLICATION FOR PAYME	ENT OF MATERNITY ASSISTANCE FOR	
APPLICATION FOR PAYME PREGNANCY OR MISCARRIA	ENT OF MATERNITY ASSISTANCE FOR AGE OR TERMINATION OF PREGNANCE	
APPLICATION FOR PAYME PREGNANCY OR MISCARRIA BY A REGISTEREI	ENT OF MATERNITY ASSISTANCE FOR	
APPLICATION FOR PAYME PREGNANCY OR MISCARRIA BY A REGISTERED To	ENT OF MATERNITY ASSISTANCE FOR AGE OR TERMINATION OF PREGNANO D FEMALE MANUAL WORKER	
APPLICATION FOR PAYME PREGNANCY OR MISCARRIA BY A REGISTERED To The Labour Officer (Social Security School	ENT OF MATERNITY ASSISTANCE FOR AGE OR TERMINATION OF PREGNANO D FEMALE MANUAL WORKER	
APPLICATION FOR PAYME PREGNANCY OR MISCARRIA BY A REGISTERED To	ENT OF MATERNITY ASSISTANCE FOR AGE OR TERMINATION OF PREGNANO D FEMALE MANUAL WORKER	

(a) Registration Number and date of initial registration 11.

10.

Name of the female registered manual worker:

(Original Identity card should be enclosed).

- (b) Date of last renewal indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Particulars of surviving son/daughter of the registered female manual worker:

•	Sl. No.	Name	Sex	Date of Birth	Age
	(1)	(2)	(3)	(4)	(5)

- 5. Month of Pregnancy* on the date of claim application:
- *(Certificate from the Civil Assistant Surgeon of the Government Hospital in support of this should be enclosed in original)
 - 6. Whether the claim is for pregnancy or miscarriage of pregnancy or termination of pregnancy? If so details may be furnished. (Certificate from the Civil Assistant Surgeon of the Government Hospital to this effect should be obtained and sent in original)
- 9. Whether the assistance has already been availed by the registered female manual worker? If so, details may be furnished:

Signature/Thumb impression of the registered manual

worker.

DECLARATION BY THE APPLICANT**

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes. Place :

Date:

Signature/Thumb impression of the

**Any false declaration /

registered manual worker.

certification will entail legal action.

- Note:- (i) The Birth Certificate from the Registrar of Births of the area concerned should be obtained and sent in original for release of the assistance after the date of delivery.
- (ii) In the event of untoward demise of the registered female manual worker after the 7th month of pregnancy either before delivery or three months after delivery, the fact should be reported to the Medical Officer of Primary Health Centre concerned and for Chennai district to the Health Officer concerned, immediately along with the Death Certificate in original, for sanction of Funeral Expenses (or) Natural death assistance as admissible under the Scheme.

CERTIFICATE**

I hereby certify that the particulars furnished in the application form are correct. Place: Date: Members, Tamil Nadu Domestic Workers Welfare Board, President/Secretary of the Regd. Trade Union of the Employment concerned / Assistant Inspector of Labour concerned / Any other officer permitted to give employment certificate. **Any false declaration / certification will entail legal action. **SANCTION** I hereby sanction after due verification for the payment of assistance of Rs...../-(Rupees...... only) to Tmt....... (Registration No......) *at the time of seventh month of pregnancy / *on delivery of child / *for miscarriage of pregnancy /* termination of pregnancy (* Strike out whichever is not applicable). Office Seal: Labour Officer (Social Security Scheme) district ACKNOWLEDGEMENT SLIP sanction of maternity assistance for pregnancy/miscarriage of pregnancy / termination of pregnancy in respect of the registered female manual worker. Signature of the Labour Officer (Social Security Scheme)..... district with date Name:

Designation:

(26) for Form-XV, the following Form shall be substituted, namely:-

Office Seal:

"FORM – XV [See Clause 24(3)]

APPLICATION FOR REIMBURSEMENT OF COST ON PURCHASE OF SPECTACLES BY THE REGISTERED MANUAL WORKER

Texemise of Siletificates Bi the Registered
То
The Labour Officer (Social Security Scheme),
district.

- 8. Name of the registered manual worker.
- 9. (a) Registration Number and date of initial registration. (Original identity card should be enclosed).
 - (b) Date of last renewal indicating the period upto which renewed
- 3. Address in full with PIN code:
- 4. Date of purchase of spectacles and its actual cost :
- 5. Whether certificate issued by a registered Opthalmist is enclosed in original?
- 6. Whether cash bill is enclosed in original?

Signature/Thumb impression of

the registered manual worker.

DECLARATION BY THE APPLICANT**

- (i) I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount reimbursed towards purchase of spectacles for myself.
- (ii) I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place:

Date : Signature/Thumb impression

of the registered

manual worker.

^{**}Any false declaration / certification will entail legal action.

CERTIFICATE**

I hereby certify that the particulars furnished in the application form are correct.

Place:		
Date:	Members, Tamil Nadu Domestic Wor	
Tuodo	Welfare Board, President/Secretary of the	Regd.
Trade	Union of the Employment concerned / Assis	stant
	Inspector of Labour concerned / Any other	, tuiit
	officer/	
	agency permitted to give employment certi	ficate.
**Any false declaration / certificatio	n will entail legal action.	
	SANCTION	
<u> </u>	erification the reimbursement of a sum of Rs/-(Rup, towards the actual cost on purchase of spectac	L
Place:	Labour Officer(Social Security	r
Scheme),		
Date:		District
<u>A C K N C</u>	OWLEDGEMENT SLIP	
	lvi registered manual work cation for reimbursement of cost on purchase of specta	
	Labour Officer (Social Security Scheme)	••••
	district with date	
Office Seal :	Name:	
Office Seaf.	Designation: . ";	

NOTIFICATION -V.

In exercise of the powers conferred by section 4 read with section 3 of the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 (Tamil Nadu Act 33 of 1982), the Governor of Tamil Nadu, after consultation with the Advisory Committee, hereby makes the following amendments to the Tamil Nadu Washermen Social Security and Welfare Scheme, 2006.

2. The amendments hereby made shall come into force on the 31st day of October, 2008.

AMENDMENTS

In the said Scheme, -

- (1) in clause 9,-
 - (i) in sub-clause (1), after the expression "Board", the expression "through the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
 - (ii) in sub-clause (2),-
 - (a) after the expression "such registration shall be made", the expression "in duplicate to the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
 - (b) after item (c), the following item shall be added, namely:-
 - "(d) Village Administrative Officer and for Chennai district, the Revenue Inspector concerned.";
 - (iii) for sub-clause (3), the following sub-clause shall be substituted, namely:-
 - "(3) (a) The registration of the name of the manual worker with the Board shall be made by the Labour Officer (Social Security Scheme) of the respective district after due verification by the respective Village Administrative Officer and for Chennai district, by the Revenue Inspector concerned.
 - (b) The registration under this clause is valid for a period of two years or until the registered manual worker attains the age of sixty years, whichever is earlier.";
 - (iv) in sub-clauses (4) and (5), for the expression "Board or district or local office" wherever it occurs, the expression "Labour Officer (Social Security Scheme) of the respective district "shall be substituted;
 - (v) in sub-clause (6), after item (c), the following item shall be added, namely:-
 - "(d) Where the nomination made is incomplete or becomes void, the assistance shall be released to the legal heirs of the deceased registered manual worker.";

in clause 10,-

(2)

- (i) in sub-clauses (1) and (2), for the expression "Executive Officer", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (3) in clause 11, in sub-clause (4), after the expression "Board", the expression "and the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
- (4) in clause 14, in sub-clause (3), for the expression "Executive Officer or any other officer authorised in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district, after due verification" shall be substituted;
- (5) in clause 15, for the expression "Chief Executive Officer or any other officer authorised by the Chief Executive Officer in this behalf", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (6) in clause 17,-
 - (i) in sub-clause (1), after the expression "Personal Accident Relief", the following expression shall be added, namely:-

"and where the accident results in death, their nominees are eligible for Personal Accident Relief.";

- (ii) in sub-clause (3),-
- (a) in item (a), for the expression "Board", occurring in three places, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (b) in item (e), for the expression "Board or any Officer authorised in this behalf", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (7) in clause 18,-
 - 1. in sub-clause (2), for the expression "Board" occurring in five places, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
 - 2. in sub-clause (3), for the expression "Rs.300 (Rupees three hundred only)", the expression "Rs.400 (Rupees four hundred only)" shall be substituted;
- (8) in clause 19,-
 - (i) in sub-clause (1), for the expression "Secretary or any other officer authorised in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district, after due verification" shall be substituted;

- (ii) in sub-clause (2), the expression "by the Board" shall be omitted;
- (9) in clause 20, in sub-clause (1), for the expression "Secretary or any other Officer authorized in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district, after due verification" shall be substituted;

(10) in clause 21,-

- (i) for sub-clause (1), the following sub-clause shall be substituted, namely:-
- "(1) The assistance for the education of the children of a registered manual worker shall be sanctioned by the Labour Officer (Social Security Scheme) of the respective district, after due verification, as specified in the Table below:-

THE TABLE.

Carrial	T	Comment of Starley	Day S	cholar	Но	steller
Serial Number	Form	Course of Study	Boys	Girls	Boys	Girls
			Rs.	Rs.	Rs.	Rs.
1	XI	10 th Std., Studying- Girl children only		1,000		
2	X	10 th Std., passed	1,000	1,000		
3	XI	11 th Std., Studying- Girl children only		1,000		
4	XI	12 th Std. Studying – Girl children only		1,500		
5	X	12 th Std. passed	1,500	1,500		
6	XII	Studying regular Bachelor Degree course (Every academic year)	1,500	1,500	1,750	1,750
7	XII	Studying regular Post Graduate course (Every academic year)	2,000	2,000	3,000	3,000
8	XII	Studying regular Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses . (Every academic year)	2,000	2,000	4,000	4,000
9	XII	Studying regular Post Graduate Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses (Every academic year)	4,000	4,000	6,000	6,000

10	XII	Studying ITI or Polytechnic course	1,000	1,000	1,200	1,200	",
		(Every academic year)					

(ii) for sub-clause (3), the following sub-clause shall be substituted, namely:-

- "(3) The application for assistances specified in serial numbers 2 and 5 in column (1) of the Table in sub-clause (1) shall be in Form X to be submitted after passing of the course, the application for assistances specified in serial numbers 6 to 10 in column (1) of the said Table shall be in Form XII to be submitted before completion and passing of the course and the application for assistances specified in serial numbers 1,3 and 4 shall be in Form XI to be submitted before completion and passing of the course.";
- (11) in clause 22, in sub-clause (1), for the expression "Secretary or any other Officer authorised in this behalf by the Board, shall on an application from a registered manual worker", the expression "Labour Officer (Social Security Scheme) of the respective district shall, on an application from a registered manual worker, after due verification" shall be substituted;
- (12) in clause 23, for sub-clause (1), the following sub-clause shall be substituted, namely:-
 - "(1) The Labour Officer (Social Security Scheme) of the respective district shall, on an application from a registered female manual worker, sanction the assistance as indicated below, after due verification of the proof produced by her of her pregnancy or delivery of child by her or the miscarriage of her pregnancy or the termination of pregnancy:-
 - (i) Pregnancy Rs.6,000/(Rs.3,000/- shall be paid on the seventh month of pregnancy and remaining Rs.3,000/- shall be paid on delivery of the child)
 - (ii) Miscarriage of pregnancy -Rs.3,000/-
 - (iii) Termination of pregnancy-Rs.3,000/-.";
- (13) in clause 24,-
 - (i) in sub-clause (1), for the expression "Secretary or any other officer authorised in this behalf by the Board, shall on an application From XV from a registered manual worker", the expression "Labour Officer (Social Security Scheme) of the respective district, shall on an application From XV from a registered manual worker, after due verification" shall be substituted;
 - (ii) for sub-clause (2), the following sub-clause shall be substituted, namely:-
 - "(2) The assistance shall be restricted to 65 registered manual workers per year in each district on "First come First serve" basis depending upon the applications received.";

(14) for Form I, the following Form shall be substituted, namely:-

"FORM – I [See Clause 9(2)]

APPLICATION 1	FOR REC	SISTRATIC	N	
To	OR REC		711	Affix
The Labour Officer (Social Security Scheme)),			Passport
district.		size photograph		
Registration No				
(to be filled in by the Registration Authority)				
1. Name of the Worker	:			
2. Name of the Father/Husband	:			
3. Date of birth				
(Enclose Xerox Copy of evidence	Day	Month	Year	
in proof duly attested by a Group A				
or Group B Officer)*				
4. Marital Status				
(Whether married, unmarried, widow/w	idower):			
5. Permanent address	:			
6. Present address	:			
7. State whether self-employed or employed	:			
8. If employed, furnish the name and address				
of the establishment and also the name and				
address of the employer/contractor	:			
9. Nature of work	:			
10. Number of years engaged in the employn	ient			

Sl. No.	Name	Age	Relationship	Marital status
(1)	(2)	(3)	(4)	(5)

- 12. (a) Whether the wife/husband is employed?:
 - (b) If so furnish details

as on the date of application

11. Particulars of the members of the family

13. Nomination for receipt of Natural Death/Accidental

Death Assistance

Name and address ** Nominee's Relationship Age of the Percentage of amount to be of the nominee/nominees with the worker nominee (1) (2) (3) paid to each nominee (4)

^{*(}i) Birth Certificate or (ii) School Certificate or (iii) Driving Licence or (iv) Ration Card or (v) Voter's identity card or (vi) Certificate from Registered Medical Practitioner not below the rank of Civil Surgeon of a Government Hospital in the prescribed format duly signed by the worker.

** Nominees shall be dependant Family Members.

Signature or left hand thumb impression of the manual worker. (Left hand thumb impression to be attested by the Registration Authority)

DECLARATION BY THE APPLICANT.***

I declare that I am not registered as a member in any other Manual Workers Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Signature or left hand thumb impression of the manual worker. (Left hand thumb impression to be attested by the Registration Authority)

*** Any false declaration/ certification will entail legal action.

CERTIFICATE OF EMPLOYMENT*.**

Certified that the particulars furnished by Thiru/Thirur, regarding employment as a manual worker in the application	
best of my knowledge and belief.	on 101 1 08 181 111 1011 1110 10 1110
Place:	
Date :	
	Signature and name of the person /
	Officer issuing the certificate
*** Any false declaration/ certification will entail legal action	

VERIFICATION CERTIFICATE.

After due verification it is certified that the particulars furnished in the application and the proof of age are found correct and recommended for registration.

Place: Village Administrative Officer /
Date: Revenue Inspector (for Chennai district)

Office Note:-

Labour Officer (Social Security Scheme)

			district
		A C K	NOWLEDGEMENT SLIP.
Recei Nadu			Selvi/Thiru/Tmtresiding at application for registration as manual worker in the Tamil
		v charc Boa	
Office Seal:			Labour Officer (Social Security Scheme
)			district with date Name: Designation: .".
in F	Form II,-		
(15)	num "400 • undo Tab the j • undo (a) for the Office (b) for	ber 8, again of shall be sher the headingle, for the experson shall be the headingle the expression of	s "SCHEME ASSISTANCES OF THE BOARD", in serial anst the entry "Pension", for the expression "300", the expression substituted; and "Details of Scheme Assistance provided to the worker", in the expression "Name of the Beneficiary", the expression "Name of all be substituted; and "GENERAL INSTRUCTIONS",- on "Assistant Inspector of Labour", the expression "Labour Security Scheme) of the respective district" shall be substituted; from "Board" occurring in three places, the expression "Labour Security Scheme) of the respective district" shall be substituted;
			expression "The Secretary,", the expression "The Labour Officer"), district." shall be substituted;
		LICATION	owing Form shall be substituted, namely "FORM – VII [See Clause 17(3)(b)] FOR PAYMENT OF COMPENSATION FOR CIDENTAL DEATH/ DISABILITY
To The Labour			curity Scheme)
3.	(a)Naı	me of the re	gistered manual worker :
	` '	ldress (in fu he date of de	ath/ disability) :

(c) Age(d) Registration number and date of initial registration

(e) Renewal date

(f) Occupation	:
2. (a)Area	:
(b)Place	:
(c)District	:
3. (a) Name of the nominee	:
(b) Relationship with the deceased registered	d manual worker
(in the case of accidental death only)	
(c) Age of the nominee	:
(d) Address in full (with PIN)	
4. Whether the claimant is the registered worker	ſ
himself (in the case of accidental disability)	
or the nominee of the registered manual worl	ker? :
5. Date and time of accident	:
6. Place of accident	:
(a) at the work place	:
(b) outside the work place	:
7. Whether intimation regarding accident has be	een given
in Form - VI as per clause 17 (3) (a)?	:
8. Whether the accident resulted in death/	
loss of limb/loss of eye sight/partial injury?	
9. In the case of accidental disability, a certific	ate
from a Civil Surgeon of the Government	
Hospital indicating the percentage of	
disability due to accident with details should	be
obtained and enclosed in original.	
:	
10 (i) Date and time of death (in the case of acc	
(ii) Attested copy of First Information Repor	
Station nearer to the place of accident to	be enclosed:
(iii) Post-Mortem Certificate and final	

Investigation Report should be sent in original

(iv) Death Certificate (attested copy) should be

enclosed

Signature/Thumb impression of the registered manual

worker /

nominee in case of death.

DECLARATION BY THE CLAIMANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for accidental death/disability. I also hereby declare that I have not received similar benefit by claim in any other Welfare Board

or Boards constituted by the Government of Tamischemes. Place: Signature/Thumb impression							
Date: Signature/Thumb impression of the registered manual worker / nominee in case of death. Any false declaration/ certification will entail legal action.							
SANCT							
I hereby sanction, after due verification, for towards accidental death/disability to Selvi/Thiru/worker (Registration Number	Tmt nominee of the deceased manual						
Place: Date:	Labour Officer (Social Security Scheme)district.						
	(Affix Rubber Stamp)						
ACKNOWLEDG	EMENT SLIP						
	analization for constitut						
of assistance towards accidental death/disability worker Selvi/Thiru/Tmt. manual worker Selvi/Thiru/Tmt.	(Registration Number)/registered						
	our Officer (Social Security Scheme)						
	Name:						
Office Seal :	Designation: .";						
(18) for Form-VIII, the following Form shall b	e substituted, namely:-						
"FORM [See Claus							
APPLICATION 1	FOR PENSION						
To The Labour Officer (Social Security Scheme) district. 1. Name of the Applicant : 2. Address in full (to which pension	Passport size photograph duly signed						
is to be sent) (with PIN code) : 3. Registration number and date : (Original identity Card should be enclosed) 4. Age and date of completion of 60 years of age :							

five years 6. Whether the	mpletion of continuous period as registered manual worker of he registration has been renewed	f the Board :	
	without any default? If so, y be furnished :		
Sl. No. (1)	Date of initial registration/ subsequent renewal (2)	Period of validity of From (3)	registration/renewal To (4)
	n receipt of any other pension? sh complete details	:	
registered		C	mb impression of the
information. that any of the me as pension I also	by certify that the facts menti I am not a registered manual ne information given by me is n besides any other action that so hereby declare that I have and or Boards constituted by	worker of any other B false, I agree to refund may be deemed fit by t not received similar b	the best of my knowledge and loard. If ultimately it is found the entire amount received by the appropriate authorities. enefits by claim in any other mil Nadu or under any other
Place: worker. Date: *Any false d	Signa Nam eclaration/ certification will en	ne:	of the registered manual
Note: 1. Bes	ides the photograph affixed ab tograph should be enclosed wit Incomplete applications will	ove, another passport si th the application.	ze
	<u>s</u>	SANCTION	
(Rupees	I hereby sanction, after due vonly) with effect fr sent b		
Place : Date :		our Officer (Social Secdistrict.	curity Scheme)
_	A C K N O W L	EDGEMENT SI	<u>.IP</u>
	Received from Selvi/Thiru/T	`	
application f	or sanction of pension.		.(Registration No)

Office Seal:

19) for Form-VIII-A, the following Form shall be substituted, namely:-

"FORM -VIII-A [See Clause 18(2)] APPLICATION FOR DISABILITY PENSION

6. Whether the registration has been renewed regularly without any default? If so, details may be furnished :

Sl.	Date of initial registration/	Period of validity of registration/renewal							
No.	subsequent renewal	From	То						
(1)	(2)	(3)	(4)						

7. Whether the applicant has become disabled due to sickness and incapacitated from normal work? (If so, a certificate by a Medical Officer not below the rank of Civil Surgeon of the Government Hospital under his name and seal should be enclosed in original)

8. Whether in receipt of any other pension?

If so, furnish complete details

Signature/Thumb impression of the

registered

manual worker

I hereby declare that the facts mentioned above are true to the best of my knowledge and information. I am not a registered worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as disability pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place:	Signature/Thumb impression of the regis	tered manual
worker		
Date:	Name:	
* Any false declaration/ certific	cation will entail legal action	
Note: 1. Besides the photograp	ph affixed above another passport size photograph	should be
enclosed		
with the application.		
2.Incomplete application	ns will not be considered.	
	CANCERON	
I 1 1	SANCTION SANCTION	D
•	the verification, a monthly pension of Rs/- (I	•
only) with effect from	The amount shall be sent by N	noney Order.
Office Seal: Place :	I about Officer (Social Security Scheme)	
	Labour Officer (Social Security Scheme)	
Date:	district.	
Received from S	KNOWLEDGEMENT SLIP Selvi/Thiru/Tmt(Address in fu	,
	(Registration	No)
application for sanction of disa	ibility pension.	
Lab	oour Officer (Social Security Scheme) di Name:	strict with date
Office Seal :	Designation:	,,.
Office Scar.	Designation.	٠,
(20) for Form-IX, the follow	wing Form shall be substituted, namely:- "FORM – IX	

APPLICATION FOR PAYMENT OF FUNERAL EXPENSES/ NATURAL DEATH ASSISTANCE

[See Clause 19(2) and 20(2)]

To

The Labour Officer (Social Security Scheme)

_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	district.

- 1. Name of the deceased registered manual worker:
- 2. Address in full (at the time of death):
- 3. Age (on the date of death):
- 4. Nature of work:
- 5. (a) Registration Number and date of initial registration. (Original Identity card should be enclosed).
 - (b) Date of last renewal, indicating the period upto which renewed
- 6. (a) Place of death
 - (b) Date of death
 - (c) Cause of death (to be indicated clearly):

(Avoid indicating as "Natural Death")

(Death Certificate in original shall be enclosed)

- 7. (a) Name of the nominee :
- (b) Age on the nominee (in completed years):
- (c) Address of the nominee in full indicating PIN Code:
- (d) Relationship of the nominee with the deceased registered manual worker

Signature/Thumb impression of the nominee of the registered manual worker

DECLARATION OF THE NOMINEE *

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for death/funeral expenses of the deceased manual worker.

I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place:	
Date:	Signature/Thumb impression of the
	nominee of the registered manual worker

^{*}Any false declaration/ certification will entail legal action

Place:	that the particulars furnished in the application are correct.
Date:	Members, Tamil Nadu
* Any false	Welfare Board / President/Secretary of the Registered Trade
declaration/	Union of the Employment concerned/Assistant Inspector
certification will	of Labour concerned /Any other officer permitted to give
entail legal action	employment certificate.
	_
•	etion, after due verification, a sum of Rs. /- (Rupees
	as assistance to Thiru/Tmt/Selvi, nominee / nominees, for the funeral
of Thiru/Thi	rumathi/Selvi a registered manual worker.
•	ction, after due verification, a sum of Rs. /-(Rupees stance to Thiru/Tmt/Selvi, nominee/nominees, on the natural death of
- /	aregistered manual worker.
Office Seal:	LabourOfficer (Social Security Scheme
Place:	
Date	: district.
Received from	A C K N O W L E D G E M E N T S L I P a Selvi/Thiru/Tmt.
	Natural death assistance in respect of deceased registered manual worker (Registration No.)
	Labour Officer (Social Security Scheme) district with date
	Name:
Office Seal:	Designation: .";
(21) for Form-X,	the following Form shall be substituted, namely:-
	FORM-X
	[See Clause 21(3)]
APPLIC 10T	ATION FOR EDUCATIONAL ASSISTANCE FOR PASS IN H STANDARD AND 12 TH STANDARD EXAMINATION

To The Labour Officer (Social Security Scheme)

									district.
									uisuici.

- (i) Name of the registered manual worker.
- (ii) (a) Registration Number and date of initial registration.

(Original Identity card should be enclosed).

- (b) Date of last renewal, indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered manual worker: -

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought for:

Sl.	Name	D (CD: 4	Examination	Month and	Name of the		
No.	(Son/Daughter)	Date of Birth	passed	Year of Pass	School studied		
(1)	(2)	(3)	(4)	(5)	(6)		

<u>Note:-</u> Xerox copy of the Mark Sheet in support of having passed the Examination, duly attested by a Group A or Group B Officer should be enclosed.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No	Name	Son/Daughter	Course for which assistance availed	Year of availing assistance	Amount of assistance (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance. I further declare that I have not availed similar assistance from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place	:	
Date	:	Signature/Thumb impression of
		the registered manual worker

CERTIFICATE*

I hereby certify that the particulars furnished in the application are correct.

Place:

^{*} Any false declaration/certification will entail legal action.

Date:	Members, Tamil					
Nadu						
Lahoun	Welfare Board / President/Secretary of the Regd. Trade Union of the Employment concerned/ Assistant Inspector of					
Labour	concerned /Any other officer permitted to give employment certificate.					
* Any false declaration/ certification will entail legal action .						
	SANCTION					
•	verification a sum of Rs/- (Rupees only) as f *Selvan/*Selvi * son/*daughter of *Thiru/Tmt tion No).					
Office Seal:						
	eer (Social Security Scheme)district					
* Strikeout whichever is not applic	able					
	t./ Selvi/ (Registration No) claim application for etion of educational assistance . Labour Officer (Social Security Scheme) district with date Name:					
Office Seal :	Designation: .";					
(22) for Form-XI, the following	Form shall be substituted, namely:- "FORM-XI IS COLUMN 21(2)]					
	[See Clause 21(3)] CATIONAL ASSISTANCE FOR GIRL CHILDREN STUDYING ARD/ 11 TH STANDARD / 12 TH STANDARD.					
IN 10 ¹¹ STAND	ARD/ 11 ¹¹¹ STANDARD / 12 ¹¹¹ STANDARD.					
То						
The Labour Officer (Social Securi	ty Scheme					
district.	manual worker					
1. Name of the registered in 2. (a) Registration Number	manual worker. r and date of initial registration					
(Original identity card	<u> </u>					
(b) Date of last renewal						
period upto which rea						

- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered manual worker :

Sl. No.	Name	Relationship with the registered manual worker	Age	
(1)	(2)	(3)	(4)	

5. Details of the daughter for whom Educational Assistance is sought for:-

		2			
			Standard in	Year of	
S1.			which studying	Study (indicate	Name of the school
No.	Name	Date of Birth	(Std. 10 th /11 th /	the academic	with full address
			12 th)	year)	
(1)	(2)	(3)	(4)	(5)	(6)

<u>Note</u>: - Certificate from the Head Master/Principal of the School to the effect that the daughter of the registered manual worker is studying the course, should be enclosed.

6. Number of children for whom the assistance has already been availed from the Board:

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing the assistance	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker.

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I

hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar Welfare Board or Boards constituted by the Government of Government Schemes.

benefits by claim from any other Tamil Nadu or under any other

Place:

Date:

Signature/Thumb impression of the registered manual worker.

CERTIFICATE*

I hereby certify that the particulars furnished in the

application are correct. Members, Tamil Nadu

Place: Welfare Board / President/Secretary of the Registered. Trade

Date:

of the Employment concerned/ / Assistant Inspector of Labour concerned / Any other officer permitted to give employment

Union

certificate.

* Any false declaration/ certification will entail legal action ..

^{*}Any false declaration/certification will entail legal action.

I hereby sanction, after due verification, a sum of Rs/- (Rupeesonly) to the claimant as educational assistance, in respect of Selvi daughter of Thiru/Tmt registered manual worker (Registration No).						
Office Seal: Place Labour Officer	Office Seal: Place Labour Officer (Social Security Scheme)district Date					
	ACKNOWLEDGEMENT SLIP					
	Received from Thiru/Tmt. registered manual worker (Registration No), claim application for sanction of educational assistance.					
	Labour Officer (Social Security Scheme) district with date					
Office Seal :		Name: gnation:	· ,			
(23) for Form-XII,	the following Form shall be s	ubstituted, namely:-				
	"FORM- [See Clause					

APPLICATION FOR EDUCATIONAL ASSISTANCE FOR HIGHER EDUCATION

To
The Labour Officer (Social Security Scheme)
......district.

- 1. Name of the registered manual worker.
- 2. a) Registration Number and date of initial registration (Original identity card should be enclosed).
 - b) Date of last renewal, indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered manual worker :

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought:-

Sl. No.	Name	Date of Birth	Name of the course studying	Duration of the course	Name of the College/Institution with address in full
(1)	(2)	(3)	(4)	(5)	(6)

Note: - Certificate from the Principal of the College/Educational institution to the effect that the son or daughter of the registered manual worker is studying the course indicating whether a day scholar or hosteller should be enclosed in original.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Years of availing assistance Rs.	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/ Thumb impression of the registered manual worker.

of Labour concerned /Any other officer permitted

to give employment certificate.

DECLARATION BY THE APPLICANT.*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefit by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes. Place :

Date

* Any false declaration/ certification will entail legal action .	Signature/Thumb impression of the registered manual worker.
	CERTIFICATE*
I hereby certify that the above	particulars are correct.
Place:	
Date:	Members, Tamil
Nadu	
	Welfare Board /
	President/Secretary of the Registered. Trade Union
	of the Employment concerned/ / Assistant Inspector

*Any false declaration/ certification will entail legal action ...

Place:	Labour Officer, (Social Security Scheme				
Date district					
* Strikeout whichever is not	licable				
<u>A C</u>	OWLEDGEMENT SLIP				
) claim application for sanction of educational				
	Labour Officer (Social Security Scheme) district with date				
Office Seal:	Name: Designation: .";				
	"FORM – XIII [See Clause 22(4)]				
APPLICATION	R PAYMENT OF MARRIAGE ASSISTANCE				
To The Labour Officer (Social Sdistrict.	ty Scheme)				
(Original identity 3. Address in full with	nd date of initial registration should be enclosed). N Code: the members of the family of the er:				
Sl No. Name Relation	<u>Age</u> <u>Marital Status</u>				

- (b) (i) Name of the person for whose marriage the assistance is sought for
 - (ii) Relationship to the registered manual worker:
 - (iii) Age in completed years on the date of marriage:
 - (c) Names of the couple: (i) Bride
 - (ii) Groom
 - (d) Date and venue of the marriage

(Marriage invitation to be enclosed in original):

(e) Has the marriage assistance been availed earlier from the Board? If so, furnish details:

Signature/Thumb impression of the registered manual worker.

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance for the marriage of self/daughter/son.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place	:
Date	

Signature/Thumb impression of the registered manual worker.

CERTIFICATE*

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date:

of the concerned/

Members, Tamil Nadu.....

Welfare Board/ President/Secretary of the Regd. Trade Union Employment concerned// Assistant Inspector of Labour

*Any false declaration/ certification will entail legal action ..

Any other officer permitted to give employment certificate.

SANCTION

^{*}Any false declaration/ certification will entail legal action ...

towards marriage assistance of t	the verification, a sum of Rs/- (Rupees	• /
	Labour Officer (Social Security S	
Received from Thiru/Tmt.	NOWLEDGEMENT SLIP(Registration No)claim application	n for
Office Seal :	Labour Officer (Social Security Scheme) with date Name: Designation: .";	. district
(25) for Form-XIV, the follow	ving Form shall be substituted, namely:-	
FOR PREGNANCY OR MIS		CY BY
 Name of the registere (a) Registration Num (Original Identity ca (b) Date of last renew period upto which Address (in full) with 	d female manual worker: per and date of initial registration rd should be enclosed). al indicating the renewed PIN Code: g son/daughter of the registered	

Sl. No.	Name	Sex	Date of Birth	Age
(1)	(2)	(3)	(4)	(5)

5. Month of Pregnancy* on the date of claim application:

*(Certificate from the Civil Assistant Surgeon of the Government Hospital in support of this should be enclosed in original)

6. Whether the claim is for pregnancy or miscarriage of pregnancy or termination of pregnancy?

If so details may be furnished. (Certificate from the Civil Assistant Surgeon of the Government Hospital to this effect should be obtained and sent in original)

7. Whether the assistance has already been availed by the registered female manual worker? If so, details may be furnished:

Signature/Thumb impression of

the

registered manual worker.

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes. Place :

Date:

Signature/Thumb impression of the registered female manual worker.

*Any false declaration/ certification will entail legal action ...

Note.- (i) The Birth Certificate from the Registrar of Births of the area concerned should be obtained and sent in original for release of the assistance after the date of delivery.

(ii) In the event of untoward demise of the registered female manual worker after the 7th month of pregnancy either before delivery or three months after delivery, the fact should be reported to the Medical Officer of Primary Health Centre concerned and for Chennai district to the Health Officer concerned, immediately along with the Death Certificate in original, for sanction of Funeral Expenses (or) Natural death assistance as admissible under the Scheme.

CERTIFICATE*

I hereby certify that the particu	lars furnished in the applic	ation form are correct.
Place:		
Date:	Members,	Tamil Nadu
	Welfare Board/	

President/Secretary of the Regd. Trade Union of the Employment concerned// Assistant Inspector of Labour concerned / Any other officer permitted to give employment certificate. *Any false declaration/ certification will entail legal action ... **SANCTION** I hereby sanction, after due verification, for the payment of assistance of Rs...... (Rupees...... only) to Tmt.....registered female manual worker (Registration No......) *at the time of seventh month of pregnancy / *on delivery of child / *for miscarriage of pregnancy /* termination of pregnancy (* Strike out whichever is not applicable). Office Seal: Labour Officer (Social Security Scheme)......district ACKNOWLEDGEMENT SLIP Received from Tmt. registered female manual worker (Registration Number.....) claim application for sanction of maternity assistance for *pregnancy/*miscarriage of pregnancy /*termination of pregnancy in respect of the registered female manual worker. Labour Officer (Social Security Scheme) * Strikeout whichever is not applicabledistrict Name: Office Seal: Designation: (26) for Form-XV, the following Form shall be substituted, namely:-"FORM - XV

[See Clause 24(3)]

APPLICATION FOR REIMBURSEMENT OF COST ON PURCHASE OF SPECTACLES BY THE REGISTERED MANUAL WORKER

To
The Labour Officer(Social Security Scheme)
......district.

- 1. Name of the registered manual worker.
- 2. (a) Registration Number and date of initial registration.

(Original identity card should be enclosed	d).
(b) Date of last renewal indicating the	
period upto which renewed	
3. Address in full with PIN code:	
4. Date of purchase of spectacles and its ac	tual cost :
5. Whether certificate issued by a registere	ed
Opthalmist is enclosed in original?	:
6. Whether cash bill is enclosed in original?	:
	Signature/Thumb impression of the registered manual worker.
DECLARATION BY	THE APPLICANT*
(i) I hereby declare that the particulars furnish my knowledge. In the event of any of the information I hereby agree to refund in full the amount reimbursed myself. (ii) I also hereby declare that I have not a	ed above are correct and true to the best of given above is ultimately found to be false, d towards purchase of spectacles for received similar benefit by claim in any other
Welfare Board or Boards constituted by the Governm Government schemes. Place : Date :	ent of Tamil Nadu or under any other Signature/Thumb impression of
the	Signature, manie impression of
*Any false declaration/ certification will entail legal a	registered manual worker.
I hereby certify that the particulars furnished in Place:	
Welfare	nil NaduBoard retary of the Registered Trade Union of the
	sistant Inspector of Labour concerned
other officer pe	ermitted to give employment certificate.
*Any false declaration/ certification will entail legal a	ction.
<u>SANCTIO</u>	<u>N</u>
I hereby sanction, after due verification, the re only) to Selvi/Thiru/Tmt, towards thimself/herself.	•
Office Seal:	

The Labour Officer(Social Security Scheme)
district

ACKNOWLEDGEMENT SLIP

Received from Thiru/Tmt./ Selvi	registered	manual worker
(Registration No) application for rein	nbursement of cost on purch	ase of spectacles
for himself/herself.		
	The Labour Officer(Social	l Security Scheme)
	district	with
date		
	Name:	
Office Seal:	Designation:	,,,

NOTIFICATION -VI.

In exercise of the powers conferred by section 4 read with section 3 of the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 (Tamil Nadu Act 33 of 1982), the Governor of Tamil Nadu, after consultation with the Advisory Committee, hereby makes the following amendments to the Tamil Nadu Hair Dressers Social Security and Welfare Scheme, 2006.

2. The amendments hereby made shall come into force on the 31st day of October, 2008.

AMENDMENTS

In the said Scheme, -

- (1) in clause 9,-
 - (i) in sub-clause (1), after the expression "Board", the expression "through the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
 - (ii) in sub-clause (2),-
 - (a) after the expression "such registration shall be made", the expression "in duplicate to the Labour Officer (Social Security Scheme) of the respective district" shall be inserted:
 - (b) after item (c), the following item shall be added, namely:-
 - "(d) Village Administrative Officer and for Chennai district, the Revenue Inspector concerned.";
 - (iii) for sub-clause (3), the following sub-clause shall be substituted, namely:-
 - "(3) (a) The registration of the name of the manual worker with the Board shall be made by the Labour Officer (Social Security Scheme) of the respective district after due verification by the respective Village Administrative Officer and for Chennai district, by the Revenue Inspector concerned.
 - (b) The registration under this clause is valid for a period of two years or until the registered manual worker attains the age of sixty years, whichever is earlier.";
 - (iv) in sub-clauses (4) and (5), for the expression "Board or district or local office" wherever it occurs, the expression "Labour Officer (Social Security Scheme) of the respective district "shall be substituted;
 - (v) in sub-clause (6), after item (c), the following item shall be added, namely:-
 - "(d) Where the nomination made is incomplete or becomes void, the assistance shall be released to the legal heirs of the deceased registered manual worker.";
- (2) in clause 10,-

in sub-clauses (1) and (2), for the expression "Executive Officer", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted:

- (3) in clause 11, in sub-clause (4), after the expression "Board", the expression "and the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
- (4) in clause 14, in sub-clause (3), for the expression "Executive Officer or any other officer authorised in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district, after due verification" shall be substituted;
- (5) in clause 15, for the expression "Chief Executive Officer or any other officer authorised by the Chief Executive Officer in this behalf", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;

(6) in clause 17,-

(i) in sub-clause (1), after the expression "Personal Accident Relief", the following expression shall be added, namely:-

"and where the accident results in death, their nominees are eligible for Personal Accident Relief.";

- (ii) in sub-clause (3),-
- (a) in item (a), for the expression "Board", occurring in three places, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (b) in item (e), for the expression "Board or any Officer authorised in this behalf", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;

(7) in clause 18,-

- 5. in sub-clause (2), for the expression "Board" occurring in five places, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- 6. in sub-clause (3), for the expression "Rs.300 (Rupees three hundred only)", the expression "Rs.400 (Rupees four hundred only)" shall be substituted;

(8) in clause 19,-

- (i) in sub-clause (1), for the expression "Secretary or any other officer authorised in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district, after due verification" shall be substituted;
 - (ii) in sub-clause (2), the expression "by the Board" shall be omitted;

- (9) in clause 20, in sub-clause (1), for the expression "Secretary or any other Officer authorized in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district, after due verification" shall be substituted;
- (10) in clause 21,-
 - (iii) for sub-clause (1), the following sub-clause shall be substituted, namely:-
 - "(1) The assistance for the education of the children of a registered manual worker shall be sanctioned by the Labour Officer (Social Security Scheme) of the respective district, after due verification, as specified in the Table below:-

THE TABLE.

G . 1		0 40 1	Day S	Day Scholar		Hosteller	
Serial Number	Form	Course of Study	Boys	Girls	Boys	Girls	
			Rs.	Rs.	Rs.	Rs.	
1	XI	10 th Std., Studying- Girl children only		1,000			
2	X	10 th Std., passed	1,000	1,000			
3	XI	11 th Std., Studying- Girl children only		1,000			
4	XI	12 th Std. Studying – Girl children only		1,500			
5	X	12 th Std. passed	1,500	1,500			
6	XII	Studying regular Bachelor Degree course (Every academic year)	1,500	1,500	1,750	1,750	
7	XII	Studying regular Post Graduate course (Every academic year)	2,000	2,000	3,000	3,000	
8	XII	Studying regular Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses . (Every academic year)	2,000	2,000	4,000	4,000	
9	XII	Studying regular Post Graduate Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses (Every academic year)	4,000	4,000	6,000	6,000	

10	XII	Studying ITI or (Every academic	Polytechnic course year)	1,000	1,000	1,200	1,200	
								.,,

(iv) for sub-clause (3), the following sub-clause shall be substituted, namely:-

- "(3) The application for assistances specified in serial numbers 2 and 5 in column (1) of the Table in sub-clause (1) shall be in Form X to be submitted after passing of the course, the application for assistances specified in serial numbers 6 to 10 in column (1) of the said Table shall be in Form XII to be submitted before completion and passing of the course and the application for assistances specified in serial numbers 1,3 and 4 shall be in Form XI to be submitted before completion and passing of the course.";
- (11) in clause 22, in sub-clause (1), for the expression "Secretary or any other Officer authorised in this behalf by the Board, shall on an application from a registered manual worker", the expression "Labour Officer (Social Security Scheme) of the respective district shall, on an application from a registered manual worker, after due verification" shall be substituted;
- (12) in clause 23, for sub-clause (1), the following sub-clause shall be substituted, namely:-
 - "(1) The Labour Officer (Social Security Scheme) of the respective district shall, on an application from a registered female manual worker, sanction the assistance as indicated below, after due verification of the proof produced by her of her pregnancy or delivery of child by her or the miscarriage of her pregnancy or the termination of pregnancy:-
 - (i) Pregnancy
 Rs.6,000/(Rs.3,000/- shall be paid on the seventh month of pregnancy and remaining Rs.3,000/- shall be paid on delivery of the child)
 - (ii) Miscarriage of pregnancy -Rs.3,000/-
 - (iii) Termination of pregnancy -Rs.3,000/-.";
- (13) in clause 24,-
 - (i) in sub-clause (1), for the expression "Secretary or any other officer authorised in this behalf by the Board, shall on an application From XV from a registered manual worker", the expression "Labour Officer (Social Security Scheme) of the respective district, shall on an application From XV from a registered manual worker, after due verification" shall be substituted;
 - (ii) for sub-clause (2), the following sub-clause shall be substituted, namely:-
 - "(2) The assistance shall be restricted to 65 registered manual workers per year in each district on "First come First serve" basis depending upon the applications

received.";

(14) for Form I, the following Form shall be substituted, namely:-

"FORM – I [See Clause 9(2)]

	APPLICA	TION FOR REGI	STRATION		Affix
To	,	Passport			
The Labour Office		size			
district				pl	notograph
Registration No					
(to be filled in by	the Registration Aut	hority)			
1. Name of the W	orker	:			
2. Name of the Fa	ther/Husband	:			
3. Date of birth					
(Enclose Xerox	Copy of evidence	Day	Month Y	ear	
in proof dul or Group B	y attested by a Group Officer)*	p A			
4. Marital Status	onicer)				
	arried, unmarried, wi	dow/widower):			
5. Permanent addı		:			
6. Present address		:			
7. State whether se	elf-employed or emp	oloyed :			
	rnish the name and a				
of the establishm	ent and also the nam	ne and			
address of the en	mployer/contractor	:			
9. Nature of work		:			
10. Number of year	ars engaged in the en	nployment			
as on the dat	e of application	:			
11. Particulars of	the members of the f	amily			
Sl. No.	Name	Age	Relations	hip	Marital status
(1)	(2)	(3)	(4	1)	(5)
12. (a) Whether the	he wife/husband is en	mployed?:			
(b) If so furni	sh details				
13. Nomination for Death Assists	or receipt of Natural lance	Death/Accidental :			
	** Nominee's Rela	ntionship A	ge of the	Percenta	age of amount to
be		1	_		
of the nominee/no			nominee	paid	to each nominee
(1)	(2)	(3)	(4)		

^{*(}i) Birth Certificate or (ii) School Certificate or (iii) Driving Licence or (iv) Ration Card or

- (v) Voter's identity card or (vi) Certificate from Registered Medical Practitioner not below the rank of Civil Surgeon of a Government Hospital in the prescribed format duly signed by the worker.
- ** Nominees shall be dependant Family Members.

Signature or left hand thumb impression of the manual worker. (Left hand thumb impression to be attested by the Registration Authority)

DECLARATION BY THE APPLICANT.***

I declare that I am not registered as a member in any other Manual Workers Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Signature or left hand thumb impression of the manual worker. (Left hand thumb impression to be attested by the Registration Authority)

*** Any false declaration/ certification will entail legal action.

*** Any false declaration/ certification will entail legal action

CERTIFICATE OF EMPLOYMENT*.**

-	d by Thiru/Thirumathi/ Selvier in the application for registration are true to the
best of my knowledge and belief.	in the application for registration are true to the
best of my knowledge and benef.	
Place:	
Date:	
	Signature and name of the person /
	Officer issuing the certificate

VERIFICATION CERTIFICATE.

After due verification it is certified that the particulars furnished in the application and the proof of age are found correct and recommended for registration.

Place: Village Administrative Officer /
Date: Revenue Inspector (for Chennai district)

Office Note:-

ACKNOWLEDGEMENT SLIP.

Received	from	Selvi/Thiru/Tmt.	residing	at
		application for reg	istration as manual worker in the T	amil
Nadu	Welfare Board			
Office Seal:		Labour (Officer (Social Security Scheme	
)			district with date	
		Name:		
			Designation:	"

(15) in Form II,-

- under the heading "SCHEME ASSISTANCES OF THE BOARD", in serial number 8, against the entry "Pension", for the expression "300", the expression "400" shall be substituted;
- under the heading "Details of Scheme Assistance provided to the worker", in the Table, for the expression "Name of the Beneficiary", the expression "Name of the person" shall be substituted;
- under the heading "GENERAL INSTRUCTIONS",-
- (a) for the expression "Assistant Inspector of Labour", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (b) for the expression "Board" occurring in three places, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (16) in FORM VI, for the expression "The Secretary,", the expression "The Labour Officer (Social Security Scheme), district." shall be substituted;
- (17) for FORM VII, the following Form shall be substituted, namely.-

"FORM – VII

[See Clause 17(3)(b)] APPLICATION FOR PAYMENT OF COMPENSATION FOR ACCIDENTAL DEATH/ DISABILITY

8.	(a)N	ame of the registered manual	worker
	(b)A	ddress (in full)	ر
	(on t	he date of death/ disability)	:
	(c) A	Age	
		Registration number and date	of
		nitial registration	:
	(e) R	Renewal date	:
	(f) O	ecupation	:
2.	(a)A		:
	(b)Pl		:
		istrict	:
		ne of the nominee	:
		ttionship with the deceased re	_
	•	ne case of accidental death on	ly)
		of the nominee	:
	` '	ress in full (with PIN)	
4		her the claimant is the register	red worker
		self (in the case of accidental	
		oility) or the nominee of the	
_	_	stered manual worker?	:
5.		and time of accident	:
5.		e of accident	:
	(a)	1	:
7 11	(b)	*	:
		intimation regarding accident	nas been given
		VI as per clause 17 (3) (a)?	; ,
		the accident resulted in death/	
		mb/loss of eye sight/partial in	
		se of accidental disability, a c	
		Civil Surgeon of the Government in direction the person to go of	
	-	al indicating the percentage of	
		ty due to accident with detailed and enclosed in original.	s snould be
	Ontoing	ed and enclosed in original	•

(iii) Post-Mortem Certificate Investigation Report sl (iv) Death Certificate (attes enclosed	nould be sent in original :				
	gnature/Thumb impression of the registered manual				
worker /	nominee in case of death.				
DECLARA	ATION BY THE CLAIMANT*				
knowledge. In the event of any of the hereby agree to refund in full the amount also hereby declare that I have not recor Boards constituted by the Government schemes. Place:	lars furnished above are correct and true to the best of my information given above is ultimately found to be false, I bunt received as assistance for accidental death/disability. I beived similar benefit by claim in any other Welfare Board ent of Tamil Nadu or under any other Government				
* Any false declaration/ certification v	nominee in case of death. vill entail legal action.				
SANCTION I hereby sanction, after due verification, for payment of Rs/- (Rupeesonly) towards accidental death/disability to Selvi/Thiru/Tmt nominee of the deceased manual worker (Registration Number) / registered worker (Registration Number) himself.					
Place: Date:	Labour Officer (Social Security Scheme)district.				
Dutc.	(Affix Rubber Stamp)				
ACKNO	WLEDGEMENT SLIP				
	ru/Tmt. application for sanction l/disability in respect of deceased registered manual				
worker Selvi/Thiru/Tmt					
manage women convir initial init	Labour Officer (Social Security Scheme)				

district with date

	Name:	
Office Seal :	Designation:	.",

(18) for Form-VIII, the following Form shall be substituted, namely:-

"FORM -VIII [See Clause 18(2)]

APPLICATION FOR PENSION

To	
The Labour Officer (Social Security Scheme) district.	Passport size photograph
1. Name of the Applicant : :	duly signed
2. Address in full (to which pension	
is to be sent) (with PIN code) :	
3. Registration number and date :	
(Original identity Card should be enclosed)	
4. Age and date of completion of	
60 years of age :	
5. Date of completion of continuous period of	
five years as registered manual worker of the Board :	
6. Whether the registration has been renewed	
1 1 11 10 10 70	

6. Whether the registration has been renewed regularly without any default? If so, details may be furnished

Sl.	Date of initial registration/	Period of validity of registration/renewal		
No.	subsequent renewal	From	To	
(1)	(2)	(3)	(4)	

:

7. Whether in receipt of any other pension?

If so, furnish complete details

Signature/Thumb impression of the

registered

manual worker.

DECLARATION*

I hereby certify that the facts mentioned above are true to the best of my knowledge and information. I am not a registered manual worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place:	Signature/Thumb im	pression of the registered	l manual worker.

Date: Name:

*Anv	false	declaration	n/ certifica	tion will	entail legal	action
2 XII V	raise	acciaration	ı commica		Circuit 102ai	acuon

- Note: 1. Besides the photograph affixed above, another passport size photograph should be enclosed with the application.

 9. Incomplete applications will not be considered.

SANCTION

•	sanction, after due verificatio only) with effect from sent by Money	The a	
Place:	Labour Office	er (Social Security Scheme	e)
Date:	district.		
_	A C K N O W L E D G E	MENT SLIP	
	from Selvi/Thiru/Tmt	`	
application for sanction	n of pension.	(Registration	NO)
	Labour Officer (Social	Security Scheme) di	strict with date
Office Seal:		Name: Designation:	".

(19) for Form-VIII-A, the following Form shall be substituted, namely:-

"FORM -VIII-A [See Clause 18(2)]

APPLICATION FOR DISABILITY PENSION

To		Passport size
The Labour Officer (Social Security Scheme)		
district.		photograph duly signed
1. Name of the applicant	:	
2. Address in full (to which pension		L
is to be sent) (with PIN code)	:	
3. Registration number and date	:	
(Original identity card should be enclosed)		
4. Age and date of completion of		
60 years of age :		
5. Date of completion of continuous period of		
five years as registered manual worker of the Bo	oard :	
6. Whether the registration has been renewed		
regularly without any default? If so		

Sl.	Date of initial registration/	Period of validity of registration/renewal	
No.	subsequent renewal	From	То
(1)	(2)	(3)	(4)

7. Whether the applicant has become disabled due to sickness and incapacitated from normal work? (If so, a certificate by a Medical Officer not below the rank of Civil Surgeon of the Government Hospital under his name and seal should be enclosed in original)

8. Whether in receipt of any other pension?

If so, furnish complete details

details may be furnished

Signature/Thumb impression of the registered manual worker

DECLARATION*

I hereby declare that the facts mentioned above are true to the best of my knowledge and information. I am not a registered worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as disability pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place: Signature/Thumb impression of the registered manual worker

Date: Name:

* Any false declaration/ certification will entail	legal action					
Note: 1. Besides the photograph affixed above another passport size						
photograph should be enclosed with the application.						
2.Incomplete applications will not be considered.						
SA	NCTION					
I hereby sanction, after due verification, a m		- (Rupees				
only) with effect from	The amount shall be sent b	` -				
Office Seal:		J				
Place: Labour Of						
	district.	,				
-						
	GEMENT SLIP	0.11)				
Received from Selvi/Thiru/Tmt.	*					
	(Registration	on No)				
application for sanction of disability pension.						
	Labour Officer (Social S	Security Scheme)				
	· ·	district with date				
	Name:	district with tate				
Office Seel:		".				
Office Seal :	Designation:	٠,				

(20) for Form-IX, the following Form shall be substituted, namely:-

"FORM - IX

[See Clause 19(2) and 20(2)]

APPLICATION FOR PAYMENT OF FUNERAL EXPENSES/ NATURAL DEATH ASSISTANCE

To
The Labour Officer (Social Security Scheme)
......district.

- 6. Name of the deceased registered manual worker:
- 7. Address in full (at the time of death):
- 8. Age (on the date of death):
- 9. Nature of work:
- 10. (a) Registration Number and date of initial registration. (Original Identity card should be enclosed).
 - (b) Date of last renewal, indicating the period upto which renewed
- 6. (a) Place of death
 - (b) Date of death
 - (c) Cause of death (to be indicated clearly): (Avoid indicating as "Natural Death")

(Death Certificate in original shall be enclosed)

- 7. (a) Name of the nominee:
- (b) Age on the nominee (in completed years):
- (c) Address of the nominee in full indicating PIN Code:
- (d) Relationship of the nominee with the deceased registered manual worker

Signature/Thumb impression of the nominee of the registered manual worker

DECLARATION OF THE NOMINEE *

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for death/funeral expenses of the deceased manual worker.

I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place:

*Any false decl	nominee of the registered manual worker aration/ certification will entail legal action						
CERTIFICATE*							
I hereby certif Place:	y that the particulars furnished in the application are correct.						
Date:	Members, Tamil Nadu						
* Any false	Welfare Board / President/Secretary of the Registered Trade						
declaration/	Union of the Employment concerned/Assistant Inspector						
certification will	of Labour concerned /Any other officer permitted to give						
entail legal action	employment certificate.						
	<u>SANCTION</u>						
only of Thiru/Th 2. I hereby sa only) as ass	nction, after due verification, a sum of Rs. /- (Rupees a sassistance to Thiru/Tmt/Selvi, nominee / nominees, for the funeral a registered manual worker. nction, after due verification, a sum of Rs. /- (Rupees istance to Thiru/Tmt/Selvi, nominee/nominees, on the natural death of Selvi						
Office Seal:							
Place:	LabourOfficer (Social Security Scheme)						
Date	district.						
_	ACKNOWLEDGEMENT SLIP						
	m Selvi/Thiru/Tmt.						
	1						
Scivi/Hillu/Hill	(Registration No.)						
	Labour Officer (Social Security Scheme)						
	/·······						

district with date Name:

Designation:

Signature/Thumb impression of the

Date:

Office Seal:

(21) for Form-X, the following Form shall be substituted, namely:-

FORM-X

$[See~Clause~21(3)] \\ APPLICATION~FOR~EDUCATIONAL~ASSISTANCE~FOR~PASS~IN~10^{TH}~STANDARD~AND~12^{TH}~STANDARD~EXAMINATION.$

То		
The Labour Officer (Social Security So	cheme	e)
district.		
	_	

- (iii) Name of the registered manual worker.
- (iv) (a) Registration Number and date of initial registration.

(Original Identity card should be enclosed).

- (b) Date of last renewal, indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered manual worker: -

Sl. No	Name	Relationship with the registered manual worker	Age
(1	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought for:

Sl.	Name	Date of Birth	Examination	Month and	Name of the
No.	(Son/Daughter)	Date of Birth	passed	Year of Pass	School studied
(1)	(2)	(3)	(4)	(5)	(6)

Note:- Xerox copy of the Mark Sheet in support of having passed the Examination, duly attested by a Group A or Group B Officer should be enclosed.

> 6. Number of children for whom the educational assistance has already been availed from the Board

S1.	NT	C /D 1-4	Course for which	Year of availing	Amount of assistance
No.	Name	Son/Daughter	assistance availed	assistance	(Rs.)
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance. I further declare that I have not availed similar assistance from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place:

Date:	Signature/Thumb impression
of	the registered manual worker
* Any false declaration/ certification will entail legal action	
CERTIFICATE*	
I hereby certify that the particulars furnished in the ap	pplication are correct.
Place: Date: Members, Tamil Nadu	
President/Sec Emp	e Board / cretary of the Regd. Trade Union of the ployment concerned/ Assistant
	concerned /Any other officer permitted ployment certificate.
* Any false declaration/ certification will entail legal actio	on .
SANCTION	
I hereby sanction, after due verification a sum of R educational assistance, in respect of *Selvan/*Selvi registered manual worker (Registration No).	
Office Seal: Place: Labour Officedistrict Date: * Strikeout whichever is not applicable	er (Social Security Scheme)
A C K N O W L E D G E M E Received from Thiru/Tmt./ Selvi/ (Registra sanction of educational assi Lal Office Seal :	ation No) claim application for

(22) for Form-XI, the following Form shall be substituted, namely:-

"FORM-XI

[See Clause 21(3)]

APPLICATION FOR EDUCATIONAL ASSISTANCE FOR GIRL CHILDREN STUDYING IN 10TH STANDARD/ 11TH STANDARD.

To

The Labour Officer (Social Security Scheme

..... district.

- 6. Name of the registered manual worker.
- 7. (a) Registration Number and date of initial registration

(Original identity card should be enclosed).

Date of last renewal, indicating the

period upto which renewed

- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered manual

worker:

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the daughter for whom Educational Assistance is sought for:-

Sl. No.	Name	Date of Birth	Standard in which studying (Std. 10 th /11 th /12 th)	Year of Study (indicate the academic year)	Name of the school with full address
(1)	(2)	(3)	(4)	(5)	(6)

<u>Note</u>: - Certificate from the Head Master/Principal of the School to the effect that the daughter of the registered manual worker is studying the course, should be enclosed.

6. Number of children for whom the assistance has already been availed from the Board:

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing the assistance	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker.

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I

hereby agree to refund in full the amount received as assistance.

	ards constituted by the Government of Tamil Nadu or under any other					
Government Scheme	S.					
Place:	Signature /Thursh immunesion of the majetaned manual weather					
Date :	Signature/Thumb impression of the registered manual worker.					
Any raise decial	ration/ certification will entail legal action.					
<u>CERTIFICATE*</u> I hereby certify that the particulars furnished in the application are correct.						
Place:						
Date:	Members, Tamil Nadu					
Dute.	Welfare Board /					
	President/Secretary of the Registered. Trade					
Union	Tresident/secretary of the Registered. Trade					
Cinon	of the Employment concerned/ / Assistant					
Inspector	or the Emproyment concerned / 1 solution					
T	of Labour concerned /Any other officer permitted					
	to give employment certificate.					
* Any false decla	ration/ certification will entail legal action					
	SANCTION					
	DAINE HOIL					
claimant as education	tion, after due verification, a sum of Rs/- (Rupeesonly) to the nal assistance, in respect of Selvi daughter of Thiru/Tmt orker (Registration No).					
Office Seal: Place Labour Office	er (Social Security Scheme)district Date					
	ACKNOWLEDGEMENT SLIP					
	Thiru/Tmt. registered manual worker), claim application for sanction of educational assistance.					
	Labour Officer (Social Security Scheme) district with date					
Office Seal:	Name: Designation: .";					

I also hereby declare that I have not received similar benefits by claim from any other

(23) for Form-XII, the following Form shall be substituted, namely:-

"FORM-XII [See Clause 21(3)]

APPLICATION FOR EDUCATIONAL ASSISTANCE FOR HIGHER EDUCATION

To
The Labour Officer (Social Security Scheme)
.....district.

- 3. Name of the registered manual worker.
- 4. a) Registration Number and date of initial registration (Original identity card should be enclosed).
 - b) Date of last renewal, indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered

manual worker:

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought:-

Sl. No.	Name	Date of Birth	Name of the course studying	Duration of the course	Name of the College/Institution with address in full
(1)	(2)	(3)	(4)	(5)	(6)

Note: - Certificate from the Principal of the College/Educational institution to the effect that the son or daughter of the registered manual worker is studying the course indicating whether a day scholar or hosteller should be enclosed in original.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Years of availing assistance Rs.	Amount of assistance
------------	------	--------------	-------------------------------------	---	----------------------

(1) I	(2)	(2)		(~)	
(1)	(2)	(3)	(4)	(5)	(6)
		Signature/ Thu	mb impression of	the registered ma	anual worker.
		DECLARATION	N BY THE APPL	ICANT.*	
knowled hereby a I a Board of	dge. In the evagree to refun also hereby de		tion given above it yed as assistance. yed similar benefit to of Tamil Nadu or un ure/Thumb impres	s ultimately found by claim from an ander any other assion of the regis	nd to be false, I
				1	
* Aı	ny false decla	ration/ certification will er	ntail legal action .	orker.	
I he	ereby certify the ove particulars rect.	nat the are Members, Welfare Board President/Secretar	FICATE* Tamil Nadu / ry of the Registere	d. Trade Union	
I he abo cor Place:	ereby certify thove particulars rect.	Members,	FICATE* Tamil Nadu	d. Trade Union concerned/ / Asset	sistant
I he abo cor Place: Date: Inspecto	ereby certify the ove particulars rect.	Members,	FICATE* Tamil Nadu / ry of the Registere f the Employment of Labour concerno	d. Trade Union concerned/ / Asset	sistant
I he abo cor Place: Date: Inspecto	ereby certify the ove particulars rect.	CERTI nat the are Members, Welfare Board President/Secretar or teation/ certification will en	FICATE* Tamil Nadu / ry of the Registere f the Employment of Labour concerno	d. Trade Union concerned/ / Asset	sistant
I he abore cor Place: Date: Inspector *An I he abore cor Place: And I he abore cor Place: *An I he abore cor Place: /*daught	ereby certify the overparticulars rect. or ay false declar ereby sanction only) towards	CERTI nat the are Members, Welfare Board President/Secretar or teation/ certification will en	FICATE* Tamil Nadu ry of the Registere f the Employment of Labour concerns give employment tail legal action CTION sum of Rs/- respect of *Selvi/	d. Trade Union concerned/ / Assed /Any other of t certificate.	sistant ficer permitted
I he abore cor Place: Date: Inspector *An I he abore cor Place: And I he abore cor Place: *An I he abore cor Place: /*daught	ereby certify the ove particulars rect. or ay false declar ereby sanction only) towards atter) of *Thiru	Members,	FICATE* Tamil Nadu ry of the Registere f the Employment of Labour concerns o give employment tail legal action CTION sum of Rs/- respect of *Selvi/ed manual worker Labour O	d. Trade Union concerned/ / Assed /Any other of t certificate. (Rupees	sistant ficer permitted (*son

	nt. registere) claim application for sanction of educatio	
	Labour Officer (Social Security die	Scheme)strict with date
	Name:	
Office Seal :	Designation:	".
(24) for Form-XIII, the foll	owing Form shall be substituted, namely:- "FORM – XIII [See Clause 22(4)]	
APPLICATION	FOR PAYMENT OF MARRIAGE ASSISTANC	C E
То		
The Labour Officer (Social So	ecurity Scheme)	
(3) Name of the registe	ered manual worker.	
	er and date of initial registration	
	card should be enclosed).	
3. Address in full with		
4. (a)Particulars	of the members of the family of the	

	registered n	nanual worker:			
Sl No.	Name	Relationship	<u>Age</u>	Marital Status	_
(1)	(2)	(3)	(4)	(5)	

- (b) (i) Name of the person for whose marriage the assistance is sought for
 - (ii) Relationship to the registered manual worker:
 - (iii) Age in completed years on the date of marriage:
 - (c) Names of the couple: (i) Bride
 - (ii) Groom
 - (d) Date and venue of the marriage
 - (Marriage invitation to be enclosed in original):
 - (e) Has the marriage assistance been availed earlier from the Board? If so, furnish details:

the

registered manual worker.

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance for the marriage of self/daughter/son.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Government Schemes.	
Place : Date : the *Any false declaration/ certifications	Signature/Thumb impression of registered manual worker. on will entail legal action
I hereby certify that the particula	CERTIFICATE* ars furnished in the application form are correct.
Place: Date:	Members, Tamil
Nadu	Welfare Board/ President/Secretary of the Regd. Trade Union of
the	Employment concerned// Assistant
Inspector	of Labour concerned /Any other officer permitted to give employment certificate.
*Any false declaration/ certification	n will entail legal action
towards marriage assistance of the son	SANCTION fication, a sum of Rs/- (Rupees only) // daughter / self of Thiru/Tmt, registered Board (Registration number)
	Labour Officer (Social Security Scheme) district.

A REGISTERED FEMALE MANUAL WORKER

To

Labour Officer (Social Security Scheme)

.....district

- 3. Name of the registered female manual worker:
- 4. (a) Registration Number and date of initial registration (Original Identity card should be enclosed).
 - (b) Date of last renewal indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Particulars of surviving son/daughter of the registered female manual worker:

Sl. No.	Name	Sex	Date of Birth	Age
(1)	(2)	(3)	(4)	(5)

- 5. Month of Pregnancy* on the date of claim application:
- *(Certificate from the Civil Assistant Surgeon of the Government Hospital in support of this should be enclosed in original)
- 6. Whether the claim is for pregnancy or miscarriage of pregnancy or termination of pregnancy?
 If so details may be furnished. (Certificate from the Civil Assistant Surgeon of the Government Hospital to this effect should be obtained and sent in original)
- 7. Whether the assistance has already been availed by the registered female manual worker? If so, details may be furnished:

Signature/Thumb impression

registered manual worker.

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my
knowledge. In the event of any of the information given above is ultimately found to be false, I
hereby agree to refund in full, the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place : Date :	Signature/Thumb impression of
the	registered female manual worker.
*Any false declaration/ certification will entail legal ac	
Note (i) The Birth Certificate from the Registrar of Bi obtained and sent in original for release of the assistance at	
(ii) In the event of untoward demise of the registered month of pregnancy either before delivery or three montreported to the Medical Officer of Primary Health Centre the Health Officer concerned, immediately along with sanction of Funeral Expenses (or) Natural death assistance	oncerned and for Chennai district to the Death Certificate in original, for
CERTIFICATE* I hereby certify that the particulars furnished in the applications of the properties of	ation form are correct.
Place:	
Date: Members, Tamil Na	adu
*Any false Welfare Board/	
declaration/ President/Secretary of the Re	
certification Employment concerned// Assistant Inspector	
	oncerned /Any other officer permitted oyment certificate.
<u>SANCTION</u>	
I hereby sanction, after due verification, for the p (Rupees only) to Tmtregistered fer No) *at the time of seventh month of pregnancy / *cof pregnancy / * termination of pregnancy (* Strike out verification).	male manual worker (Registration on delivery of child / *for miscarriage
Office Seal:	Labour Officer (Social Security Scheme)district

ACKNOWLEDGEMENT SLIP

Received from Tmt		
*pregnancy/*miscarriage of pregnancy /*termination female manual worker.		
	Labour Officer (Social So	ecurity Scheme)
* Strikeout whichever is not applicable		•
	Name:	
Office Seal :	Designation:	"· · · ·
(26) for Form-XV, the following Form shall be		
"FORM		
[See Clause APPLICATION FOR REIMBU	=	
PURCHASE OF SPECTACLES BY THE		VORKER
To The Labour Officer(Social Security Scheme)		
district.		
3. Name of the registered manual worker.		
4. (a) Registration Number and date of init	tial registration.	
(Original identity card should be enclo	osed).	
(b) Date of last renewal indicating the		
period upto which renewed		
3. Address in full with PIN code:		
4. Date of purchase of spectacles and its	actual cost:	
5. Whether certificate issued by a regist	ered	
Opthalmist is enclosed in original?	:	
6. Whether cash bill is enclosed in original	? :	
	Signature/Thumb	impression of
the		
DECLARATION R	registered manual XY THE APPLICANT*	worker.
(i) I hereby declare that the particulars furn		ue to the best of
my knowledge. In the event of any of the informati	ion given above is ultimately for	ound to be false,
I hereby agree to refund in full the amount reimbur	sed towards purchase of specta	actes for myself.

(ii) I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place:

Signature/Thumb
registered manual worker.
gal action.
CATE*
d in the application form are correct.
a in the application form are correct.
Tamil Nadu
are Board
Secretary of the Registered Trade Union of the
ent/ sistant Inspector of Labour concerned
1
er permitted to give employment certificate.
gal action .
,
<u>CION</u>
e reimbursement of a sum of Rs/-(Rupees
rds the actual cost on purchase of spectacles for
The Labour Officer(Social Security Scheme)
district
EMENT SLIP
registered manual worker
mbursement of cost on purchase of spectacles
The Labour Officer (Social Security Scheme)
The Labour Officer(Social Security Scheme)districtwith
with
Name:
Designation: .".

NOTIFICATION -VII.

In exercise of the powers conferred by section 4 read with section 3 of the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 (Tamil Nadu Act 33 of 1982), the Governor of Tamil Nadu, after consultation with the Advisory Committee, hereby makes the following amendments to the Tamil Nadu Tailoring Workers Social Security and Welfare Scheme, 2006.

2. The amendments hereby made shall come into force on the 31st day of October, 2008.

AMENDMENTS

In the said Scheme, -

- (1) in clause 9,-
 - (i) in sub-clause (1), after the expression "Board", the expression "through the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
 - (ii) in sub-clause (2),-
 - (a) after the expression "such registration shall be made", the expression "in duplicate to the Labour Officer (Social Security Scheme) of the respective district" shall be inserted:
 - (b) after item (c), the following item shall be added, namely:-
 - "(d) Village Administrative Officer and for Chennai district, the Revenue Inspector concerned.";
 - (iii) for sub-clause (3), the following sub-clause shall be substituted, namely:-
 - "(3) (a) The registration of the name of the manual worker with the Board shall be made by the Labour Officer (Social Security Scheme) of the respective district after due verification by the respective Village Administrative Officer and for Chennai district, by the Revenue Inspector concerned.
 - (b) The registration under this clause is valid for a period of two years or until the registered manual worker attains the age of sixty years, whichever is earlier.";
 - (iv) in sub-clauses (4) and (5), for the expression "Board or district or local office" wherever it occurs, the expression "Labour Officer (Social Security Scheme) of the respective district "shall be substituted;
 - (v) in sub-clause (6), after item (c), the following item shall be added, namely:-
 - "(d) Where the nomination made is incomplete or becomes void, the assistance shall be released to the legal heirs of the deceased registered manual worker.";

- (2) in clause 10,-
 - (ii) in sub-clauses (1) and (2), for the expression "Executive Officer", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- in clause 11, in sub-clause (4), after the expression "Board", the expression "and the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
- (4) in clause 14, in sub-clause (3), for the expression "Executive Officer or any other officer authorised in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district, after due verification" shall be substituted;
- (5) in clause 15, for the expression "Chief Executive Officer or any other officer authorised by the Chief Executive Officer in this behalf", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (6) in clause 17,-
 - (i) in sub-clause (1), after the expression "Personal Accident Relief", the following expression shall be added, namely:-

"and where the accident results in death, their nominees are eligible for Personal Accident Relief.";

- (ii) in sub-clause (3),-
- (a) in item (a), for the expression "Board", occurring in three places, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (b) in item (e), for the expression "Board or any Officer authorised in this behalf", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (7) in clause 18,-
 - 7. in sub-clause (2), for the expression "Board" occurring in five places, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
 - 8. in sub-clause (3), for the expression "Rs.300 (Rupees three hundred only)", the expression "Rs.400 (Rupees four hundred only)" shall be substituted;
- (8) in clause 19,-
 - (i) in sub-clause (1), for the expression "Secretary or any other officer authorised in this

behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district, after due verification" shall be substituted;

- (ii) in sub-clause (2), the expression "by the Board" shall be omitted;
- (9) in clause 20, in sub-clause (1), for the expression "Secretary or any other Officer authorized in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district, after due verification" shall be substituted;
- (10) in clause 21,-
 - (v) for sub-clause (1), the following sub-clause shall be substituted, namely:-
 - "(1) The assistance for the education of the children of a registered manual worker shall be sanctioned by the Labour Officer (Social Security Scheme) of the respective district, after due verification, as specified in the Table below:-

THE TABLE.

Serial	Form	Course of Study	Day Scholar		Hosteller	
Number	FOIII	Course of Study	Boys	Girls	Boys	Girls
			Rs.	Rs.	Rs.	Rs.
1	XI	10 th Std., Studying- Girl children only		1,000		
2	X	10 th Std., passed	1,000	1,000		
3	XI	11 th Std., Studying- Girl children only		1,000		
4	XI	12 th Std. Studying – Girl children only		1,500		
5	X	12 th Std. passed	1,500	1,500		
6	XII	Studying regular Bachelor Degree course (Every academic year)	1,500	1,500	1,750	1,750
7	XII	Studying regular Post Graduate course (Every academic year)	2,000	2,000	3,000	3,000
8	XII	Studying regular Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses . (Every academic year)	2,000	2,000	4,000	4,000

9	XII	Studying regular Post Graduate Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses (Every academic year)	4,000	4,000	6,000	6,000	
10	XII	Studying ITI or Polytechnic course (Every academic year)	1,000	1,000	1,200	1,200	· · · ·

- (vi) for sub-clause (3), the following sub-clause shall be substituted, namely:-
- "(3) The application for assistances specified in serial numbers 2 and 5 in column (1) of the Table in sub-clause (1) shall be in Form X to be submitted after passing of the course, the application for assistances specified in serial numbers 6 to 10 in column (1) of the said Table shall be in Form XII to be submitted before completion and passing of the course and the application for assistances specified in serial numbers 1,3 and 4 shall be in Form XI to be submitted before completion and passing of the course.";
- (11) in clause 22, in sub-clause (1), for the expression "Secretary or any other Officer authorised in this behalf by the Board, shall on an application from a registered manual worker", the expression "Labour Officer (Social Security Scheme) of the respective district shall, on an application from a registered manual worker, after due verification" shall be substituted;
- (12) in clause 23, for sub-clause (1), the following sub-clause shall be substituted, namely:-
 - "(1) The Labour Officer (Social Security Scheme) of the respective district shall, on an application from a registered female manual worker, sanction the assistance as indicated below, after due verification of the proof produced by her of her pregnancy or delivery of child by her or the miscarriage of her pregnancy or the termination of pregnancy:-
 - (i) Pregnancy

 Rs.6,000/(Rs.3,000/- shall be paid on the seventh month of pregnancy and remaining Rs.3,000/- shall be paid on delivery of the child)
 - (ii) Miscarriage of pregnancy -Rs.3,000/-
 - (iii) Termination of pregnancy -Rs.3,000/-.";
- (13) in clause 24,-
 - (i) in sub-clause (1), for the expression "Secretary or any other officer authorised in this behalf by the Board, shall on an application From XV from a registered manual worker", the expression "Labour Officer (Social Security Scheme) of the respective district, shall on an application From XV from a registered manual worker, after due

verification" shall be substituted;

- (ii) for sub-clause (2), the following sub-clause shall be substituted, namely:-
- "(2) The assistance shall be restricted to 65 registered manual workers per year in each district on "First come First serve" basis depending upon the applications received.";
- (14) for Form I, the following Form shall be substituted, namely:-

"FORM – I [See Clause 9(2)]

APPLICATION F	OR REG	ISTRATIO	N	Affix
To The Labour Officer (Social Security Scheme)district.	Passport size photograph			
Registration No				
(to be filled in by the Registration Authority)				
 Name of the Worker Name of the Father/Husband Date of birth (Enclose Xerox Copy of evidence in proof duly attested by a Group A or Group B Officer)* Marital Status 	: : Day	Month	Year	
(Whether married, unmarried, widow/wi	dower):			
 5. Permanent address 6. Present address 7. State whether self-employed or employed 8. If employed, furnish the name and address of the establishment and also the name and address of the employer/contractor 9. Nature of work 10. Number of years engaged in the employm 	: : :			

11. Particulars of the members of the family

as on the date of application

Sl. No.	Name	Age	Relationship	Marital status
(1)	(2)	(3)	(4)	(5)

- 12. (a) Whether the wife/husband is employed?:
 - (b) If so furnish details
- 13. Nomination for receipt of Natural Death/Accidental

Death Assistance :

Name and address ** Nomin	nee's Relationship		Age of the	Percentage of amount to
be				
of the nominee/nominees	with the worker		nominee	paid to each nominee
(1)	(2)	(3)	(4)	

^{*(}i) Birth Certificate or (ii) School Certificate or (iii) Driving Licence or (iv) Ration Card or (v) Voter's identity card or (vi) Certificate from Registered Medical Practitioner not below the rank of Civil Surgeon of a Government Hospital in the prescribed format duly signed by the worker.

Signature or left hand thumb impression of the manual worker. (Left hand thumb impression to be attested by the Registration Authority)

DECLARATION BY THE APPLICANT.***

I declare that I am not registered as a member in any other Manual Workers Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Signature or left hand thumb impression of the manual worker. (Left hand thumb impression to be attested by the Registration Authority)

*** Any false declaration/ certification will entail legal action.

CERTIFICATE OF EMPLOYMENT*.**

Certified that the particulars fu	rnished by	Thiru/Thirumathi/	Selvi		
, regarding employment as a manual	worker in	the application for	registration a	re true t	to the
best of my knowledge and belief.					

Place:

Date:

Signature and name of the person / Officer issuing the certificate

*** Any false declaration/ certification will entail legal action

VERIFICATION CERTIFICATE.

After due verification it is certified that the particulars furnished in the application and the proof of age are found correct and recommended for registration.

Place: Village Administrative Officer /
Date: Revenue Inspector (for Chennai district)

^{**} Nominees shall be dependant Family Members.

Office Note:-accepted and the applicant is registered as member of the Tamil Nadu Welfare Board. Application for membership rejected (In case of rejection, reason should be clearly mentioned). **Labour Officer (Social Security Scheme)**district ACKNOWLEDGEMENT SLIP. Selvi/Thiru/Tmt. Received fromresiding Nadu Welfare Board. Office Seal: Labour Officer (Social Security Scheme)..... district with date Name: Designation: (15) in Form II,under the heading "SCHEME ASSISTANCES OF THE BOARD", in serial number 8, against the entry "Pension", for the expression "300", the expression "400" shall be substituted; under the heading "Details of Scheme Assistance provided to the worker", in the Table, for the expression "Name of the Beneficiary", the expression "Name of the person" shall be substituted; under the heading "GENERAL INSTRUCTIONS",-(a) for the expression "Assistant Inspector of Labour", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted:

in FORM - VI, for the expression "The Secretary,", the expression "The Labour Officer (Social Security Scheme), district." shall be substituted;

(b) for the expression "Board" occurring in three places, the expression "Labour

Officer (Social Security Scheme) of the respective district" shall be substituted;

(17) for FORM - VII, the following Form shall be substituted, namely.-

"FORM – VII

[See Clause 17(3)(b)] APPLICATION FOR PAYMENT OF COMPENSATION FOR

ACCIDENTAL DEATH/ DISABILITY

	Officer (Social Security Scheme) district.	
10.	(a)Name of the registered manual worker	}
	(b)Address (in full)	٥.
	(on the date of death/ disability)	:
	(c) Age	
	(d) Registration number and date of	
	initial registration	:
	(e) Renewal date	:
	(f) Occupation	:
2.	(a)Area	:
	(b)Place	:
	(c)District	:
3.	(a) Name of the nominee	:
	(b) Relationship with the deceased registered (in the case of accidental death only)	manual worker

(c) Age of the nominee (d) Address in full (with PIN) 4. Whether the claimant is the registered worker himself (in the case of accidental disability) or the nominee of the registered manual worker? 5. Date and time of accident 6. Place of accident at the work place (a) (b) outside the work place 7. Whether intimation regarding accident has been given in Form - VI as per clause 17 (3) (a)? 8. Whether the accident resulted in death/ loss of limb/loss of eye sight/partial injury? 9. In the case of accidental disability, a certificate from a Civil Surgeon of the Government Hospital indicating the percentage of disability due to accident with details should be obtained and enclosed in original. 10 (i) Date and time of death (in the case of accidental death): (ii) Attested copy of First Information Report. from the Police Station nearer to the place of accident to be enclosed: (iii) Post-Mortem Certificate and final Investigation Report should be sent in original (iv) Death Certificate (attested copy) should be

Signature/Thumb impression of the registered manual

worker /

enclosed

nominee in case of death.

DECLARATION BY THE CLAIMANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for accidental death/disability. I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place:

Date: Signature/Thumb impression of the registered manual worker /

nominee in case of death.

* Any false declaration/ certification will entail legal action.

towards accidental de	tration Number	ru/Tmt nomin	ee of the deceased manual
Place: Date:		,	ocial Security Scheme)district.
		(Affix	Rubber Stamp)
	ACKNOWLED	GEMENT SLII	2
	ed from Selvi/Thiru/Tmt		
of assistance toward worker Selvi/Thiru/T	s accidental death/disabilit mt. /Thiru/Tmt.	ty in respect of decease (Registration Nur	nber)/registered
		strict with date	ecurity Scheme)
Office Seal:		Name: Designation	on: .";
(18) for Form-VII	I, the following Form shal	ll be substituted, namely	y:-
	[See Cla	RM -VIII ause 18(2)] N FOR PENSION	
To The Labour Officer (dis 1. Name of the Appli 2. Address in full (to is to be sent) (with	cant : which pension	:	Passport size photograph duly signed

(Original 4. Age and d 60 year 5. Date of co five years a 8. Whether the	on number and date identity Card should be enclose ate of completion of rs of age : impletion of continuous period as registered manual worker of the registration has been renewe without any default? If so, y be furnished :	of the Board :	
Sl.	Date of initial registration/	Period of validity of	registration/renewal
No.	subsequent renewal	From	То
(1)	(2)	(3)	(4)
7 Whatharia	a magaint of any other manaion?		
	receipt of any other pension?		
II so, Iurni	ish complete details	:	
		Signature/Thu	mb impression of the
registered			
			ial worker.
information. that any of the me as pension I als	eby certify that the facts mention I am not a registered manual the information given by me is not besides any other action that so hereby declare that I have and or Boards constituted by the	worker of any other B false, I agree to refund may be deemed fit by the not received similar b	oard. If ultimately it is found the entire amount received by he appropriate authorities. enefits by claim in any othe
Place:	Signature/Thumb ir	npression of the register	red manual worker.
Date:	Name:		
*Any false d	eclaration/ certification will en	tail legal action	
	sides the photograph affixed about tograph should be enclosed with Incomplete applications will	h the application.	ze
	<u>s</u>	<u>ANCTION</u>	
(Rupees	I hereby sanction, after due von only) with effect from sent b		
Place : Date :		ur Officer (Social Sec	urity Scheme)

ACKNOWLEDGEMENT SLIP

	(Address in full)	
application for sanction of pension.		,
11	Social Security Scheme) district with	n date
	Name:	
Office Seal:	Designation:	
_		

(19) for Form-VIII-A, the following Form shall be substituted, namely:-

"FORM -VIII-A [See Clause 18(2)] APPLICATION FOR DISABILITY PENSION

Γο The Labour Officer (Social Security Scheme) district.	Passport size photograph duly signed

1. Name of the applicant

2. Address in full (to which pension

is to be sent) (with PIN code)

3. Registration number and date

(Original identity card should be enclosed)

4. Age and date of completion of

60 years of age

5. Date of completion of continuous period of

five years as registered manual worker of the Board

6. Whether the registration has been renewed regularly without any default? If so,

details may be furnished

Sl.	Date of initial registration/	Period of validity of registration/renewal	
No.	subsequent renewal	From	То
(1)	(2)	(3)	(4)

7. Whether the applicant has become disabled

due to sickness and incapacitated from normal work? (If so, a certificate by a Medical Officer

not below the rank of Civil Surgeon of the Government

Hospital under his name and seal should be

enclosed in original)

8. Whether in receipt of any other pension?

If so, furnish complete details

Signature/Thumb impression of the registered

manual worker

DECLARATION*

I hereby declare that the facts mentioned above are true to the best of my knowledge and information. I am not a registered worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as disability pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place: Signature/Thumb impression of the registered manual worker

Date: Name:

* Any false declaration/ certification will entail legal action

Note: 1. Besides the photograph affixed above another passport size

photograph should be enclosed with the application.

2.Incomplete applications will not be considered.

SANCTION

I hereby sanction, after due ver	rification, a monthly pension of Rs/- (Rupees
only) with effect from	The amount shall be sent by Money Order.
Office Seal:	
Place:	Labour Officer (Social Security Scheme)

Date:district.

Received from Selvi	i/Thiru/Tmt(Address in	full)
	(Registration	n No)
application for sanction of disability	· · · · · · · · · · · · · · · · · · ·	,
Labour	Officer (Social Security Scheme)	district with date
	Name:	

"FORM – IX

[See Clause 19(2) and 20(2)]

APPLICATION FOR PAYMENT OF FUNERAL EXPENSES/ NATURAL DEATH ASSISTANCE

То
The Labour Officer (Social Security Scheme)
district.

- 11. Name of the deceased registered manual worker:
- 12. Address in full (at the time of death):
- 13. Age (on the date of death):
- 14. Nature of work:
- 15. (a) Registration Number and date of initial registration. (Original Identity card should be enclosed).
 - (b) Date of last renewal, indicating the period upto which renewed
- 6. (a) Place of death
 - (b) Date of death
 - (c) Cause of death (to be indicated clearly):(Avoid indicating as "Natural Death")(Death Certificate in original shall be enclosed)
- 7. (a) Name of the nominee:
- (b) Age on the nominee (in completed years):
- (c) Address of the nominee in full indicating PIN Code:
- (d) Relationship of the nominee with the deceased registered manual worker

Signature/Thumb impression of the nominee of the registered manual worker

DECLARATION OF THE NOMINEE *

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for death/funeral expenses of the deceased manual worker.

I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place:	
Date:	Signature/Thumb impression of the
	nominee of the registered manual worker

^{*}Any false declaration/ certification will entail legal action

CERTIFICATE*

I hereby certif	y that the particulars furnished in the application are correct.
Place:	
Date:	Members, Tamil Nadu
* Any false	Welfare Board / President/Secretary of the Registered Trade
declaration/	Union of the Employment concerned/Assistant Inspector
certification will	of Labour concerned /Any other officer permitted to give
entail legal action	employment certificate.
	_
3 I hereby san	action, after due verification, a sum of Rs. /- (Rupees
•	as assistance to Thiru/Tmt/Selvi, nominee / nominees, for the funeral
•	irumathi/Selvi a registered manual worker.
01 111110, 111	a registered mandar worker.
2. I hereby sar	nction, after due verification, a sum of Rs. /-(Rupees
only) as ass	istance to Thiru/Tmt/Selvi, nominee/nominees, on the natural death of
Thiru/Thirumathi/S	elvi
Office Coal.	I shownOfficer (Social Security Schome
Office Seal: Place :	LabourOfficer (Social Security Scheme
Date	: district.
	: district.
_	ACKNOWLEDCEMENTSLID
	ACKNOWLEDGEMENT SLIP
Received from	m Selvi/Thiru/Tmt.
	claim application for
sanction of Funeral	/Natural death assistance in respect of deceased registered manual worker
Selvi/Thiru/Tmt	(Registration No.)
	Labour Officer (Social Security Scheme)
	district with date
	Name:
Office Seal:	Designation: ".

(21) for Form-X, the following Form shall be substituted, namely:-

FORM-X

$[See~Clause~21(3)] \\ APPLICATION~FOR~EDUCATIONAL~ASSISTANCE~FOR~PASS~IN~10^{TH}~STANDARD~AND~12^{TH}~STANDARD~EXAMINATION.$

10	
The Labour Officer (Social Security	ity Scheme)
district	

- (v) Name of the registered manual worker.
- (vi)(a) Registration Number and date of initial registration.

(Original Identity card should be enclosed).

- (b) Date of last renewal, indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered manual worker: -

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought for:

Sl.	Name	Data of Dinth	Examination	Month and	Name of the
No.	(Son/Daughter)	Date of Birth	passed	Year of Pass	School studied
(1)	(2)	(3)	(4)	(5)	(6)

<u>Note:-</u> Xerox copy of the Mark Sheet in support of having passed the Examination, duly attested by a Group A or Group B Officer should be enclosed.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing assistance	Amount of assistance (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance. I further declare that I have not availed similar assistance from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place:		
Date:	Signature/Thumb impression of	
* Any false declarat	the registered m ion/ certification will entail legal action .	anual worker
	<u>CERTIFICATE*</u>	
I hereby certify	that the particulars furnished in the application are correct.	
Place:	-	
Date:	Members, Tamil Nadu	
* Any false	Welfare Board /	
declaration/ certification will Em	President/Secretary of the Regd. Trade Union of the aployment concerned/ Assistant Inspector	
entail legal	of Labour concerned /Any other offic	er permitted
action.	to give employment certificate.	
	GANGETON.	
	<u>SANCTION</u>	
educational assistan	ction, after due verification a sum of Rs/- (Rupees	
Office Seal:		
Place:	Labour Officer (Social Security Scheme)district	
Date:		
* Strikeout whichev	er is not applicable	
- Received f	ACKNOWLEDGEMENT SLIP from Thiru/Tmt./ Selvi/ (Registration No) claim appl sanction of educational assistance . Labour Officer (Social Secur	
	•	rict with date
	Name:	iii mini dato
Office Seal:		
	Designation:	. ,

(22) for Form-XI, the following Form shall be substituted, namely:-

"FORM-XI

[See Clause 21(3)]

APPLICATION FOR EDUCATIONAL ASSISTANCE FOR GIRL CHILDREN STUDYING IN 10TH STANDARD/ 11TH STANDARD.

To

The Labour Officer (Social Security Scheme

..... district.

- 5. Name of the registered manual worker.
- 6. (a) Registration Number and date of initial registration (Original identity card should be enclosed).
 - (b) Date of last renewal, indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered manual worker:

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the daughter for whom Educational Assistance is sought for:-

Sl. No.	Name	Date of Birth	Standard in which studying (Std. 10 th /11 th / 12 th)	Year of Study (indicate the academic year)	Name of the school with full address
(1)	(2)	(3)	(4)	(5)	(6)

<u>Note</u>: - Certificate from the Head Master/Principal of the School to the effect that the daughter of the registered manual worker is studying the course, should be enclosed.

6. Number of children for whom the assistance has already been availed from the Board:

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing the assistance	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)
					_

Signature/Thumb impression of the registered manual worker.

DECLARATION BY THE APPLICANT*

of fifty knowledge. If	the event of any of the information given	ve are correct and true to the best
false, I	the event of any of the information gives	ii above is ultimately found to be
	nd in full the amount received as assistance	e.
Welfare Board or Bo Government Scheme Place :		benefits by claim from any other Tamil Nadu or under any other
Date :	Signature/Thumb impression of the	registered manual worker.
·	ration/ certification will entail legal action CERTIFICATE* nat the particulars furnished in the application	
Date:	Members, Tamil Nadu	
Inspector	Welfare Board / President/Secretary of the Regist of the Employme	ered. Trade Union ent concerned// Assistant
	of Labour conce to give employm	erned /Any other officer permitted ent certificate.
* Any false decla	aration/ certification will entail legal action	n
	SANCTION	
•	tion, after due verification, a sum of Rs nal assistance, in respect of Selvi dat	` 1
	orker (Registration No).	
registered manual we Office Seal:	orker (Registration No). er (Social Security Scheme)di	
registered manual we Office Seal:		strict Date
registered manual we Office Seal: Place Labour Office Received from	er (Social Security Scheme)di	strict Date SLIP egistered manual worker
registered manual we Office Seal: Place Labour Office Received from	A C K N O W L E D G E M E N T Thiru/Tmt. ro, claim application for sanction of educe	strict Date SLIP egistered manual worker

(23) for Form-XII, the following Form shall be substituted, namely:-

"FORM-XII [See Clause 21(3)]

APPLICATION FOR EDUCATIONAL ASSISTANCE FOR HIGHER EDUCATION

To
The Labour Officer (Social Security Scheme)
..... district.

- 5. Name of the registered manual worker.
- 6. a) Registration Number and date of initial registration (Original identity card should be enclosed).
 - b) Date of last renewal, indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered

manual worker:

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought:

Sl. No.	Name	Date of Birth	Name of the course studying	Duration of the course	Name of the College/Institution with address in full
(1)	(2)	(3)	(4)	(5)	(6)

Note: - Certificate from the Principal of the College/Educational institution to the effect that the son or daughter of the registered manual worker is studying the course indicating whether a day scholar or hosteller should be enclosed in original.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Years of availing assistance Rs.	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/ Thumb impression of the registered manual worker.

DECLARATION BY THE APPLICANT.*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefit by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes. Place :

Date

Signature/Thumb impression of the registered manual worker.

CERTIFICATE*

I hereby certify that the above particulars are correct.

Members, Tamil Nadu.....

Place: Welfare Board /

Date: President/Secretary of the Registered. Trade Union

of the Employment concerned/ / Assistant

Inspector

of Labour concerned /Any other officer permitted to give employment certificate.

SANCTION

^{*} Any false declaration/certification will entail legal action.

^{*}Any false declaration/ certification will entail legal action ...

Place:		Labour Officer,	(Social Security Scheme)
Date * Strikeout w	hichever is not applicable	•••••••••••	district
	ACKNOWL	EDGEMENT SLIP	
		aim application for sanction o	
	N.	Labour Officer (Social	Security Scheme) district with date
Office Seal :	Name:	Designation:	". · ',
(24) for For	"]	shall be substituted, namely:- FORM – XIII © Clause 22(4)]	
A	_	MENT OF MARRIAGE AS	SISTANCE
To The Labour O	fficer (Social Security Scher listrict. me of the registered manual gistration Number and date of	worker.	
	distration Number and date o	of initial registration be enclosed).	

- (b) (i) Name of the person for whose marriage the assistance is sought for
 - (ii) Relationship to the registered manual worker:
 - (iii) Age in completed years on the date of marriage:
 - (c) Names of the couple: (i) Bride
 - (ii) Groom
 - (d) Date and venue of the marriage (Marriage invitation to be enclosed in original):
 - (e) Has the marriage assistance been availed earlier from the Board? If so, furnish details:

Signature/Thumb impression of the registered manual worker.

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance for the marriage of self/daughter/son.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place	
-------	--

Date : Signature/Thumb impression of the

registered manual worker.

*Any false declaration/ certification will entail legal action ...

CERTIFICATE*

I hereby cer	tify that the particulars furnished	in the application form are correct.
Place:	-	
Date:	Members,	Tamil Nadu
	Welfare Board/	
	President/Secretary	of the Page Trade Union of the

President/Secretary of the Regd. Trade Union of the Employment concerned// Assistant Inspector

*Any false declaration/ certification will entail legal action ..

	SANCTION	
I hereby sanction, after	due verification, a sum of Rs/-	(Rupees only)
	the son / daughter / self of Thiru/Tmt	
_	er of the Board (Registration number	
		,
	Labour Office	er (Social Security Scheme)
	••••••	district.
ACI	KNOWLEDGEMENT SL	I P
	t(Registratio	· · · · · · · · · · · · · · · · · · ·
sanction of marriage assistance.		ciaim application for
sanction of marriage assistance.	•	
	Labour Officer (Social Secu	rity Scheme) district
	with date	,
N	Jame:	
Office Seal:	Designation:	??.
	Ç	
(25) for Form-XIV, the follo	wing Form shall be substituted, nam	nely:-
	"FORM – XIV	
	[See clause 23(3)]	
APPLICATION F	OR PAYMENT OF MATERNIT	Y ASSISTANCE
FOR PREGNANCY OR M	ISCARRIAGE OR TERMINATIO	ON OF PREGNANCY BY
	STERED FEMALE MANUAL WO	ORKER
То		
Labour Officer (Social Sec	-	
distr	ıct	

- 5. Name of the registered female manual worker:
- 6. (a) Registration Number and date of initial registration (Original Identity card should be enclosed).
 - (b) Date of last renewal indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Particulars of surviving son/daughter of the registered female manual worker:

Sl. No.	Name	Sex	Date of Birth	Age
(1)	(2)	(3)	(4)	(5)

- 5. Month of Pregnancy* on the date of claim application:
- *(Certificate from the Civil Assistant Surgeon of the Government Hospital in support of this should be enclosed in original)
- 6. Whether the claim is for pregnancy or miscarriage of pregnancy or termination of pregnancy? If so details may be furnished. (Certificate from the Civil Assistant Surgeon of the Government Hospital to this effect should be obtained and sent in original)
- 7. Whether the assistance has already been availed by the registered female manual worker? If so, details may be furnished:

Signature/Thumb impression of the registered manual worker.

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes. Place :

Date:

Signature/Thumb impression of the

*Any false declaration/ certification will entail legal action ... registered female manual worker.

- Note (i) The Dirth Cartificate from the Degistrer of Dirths of the area concerned should be

- **Note.-** (i) The Birth Certificate from the Registrar of Births of the area concerned should be obtained and sent in original for release of the assistance after the date of delivery.
- (ii) In the event of untoward demise of the registered female manual worker after the 7th month of pregnancy either before delivery or three months after delivery, the fact should be reported to the Medical Officer of Primary Health Centre concerned and for Chennai district to the Health Officer concerned, immediately along with the Death Certificate in original, for sanction of Funeral Expenses (or) Natural death assistance as admissible under the Scheme.

CERTIFICATE*

	I hereby certify that the particulars furnished in the application form are correct.
Place	
Date:	Members, Tamil Nadu
	Walfara Roard

President/Secretary of the Regd. Trade Union of the Employment concerned// Assistant Inspector

of Labour concerned /Any other officer permitted to give employment certificate.

*Any false declaration/ certification will entail le	gal action	
SANC	<u>TION</u>	
I hereby sanction, after due verification, (Rupees only) to Tmtregistroom No) *at the time of seventh month of pregnancy /* termination of pregnancy (* \$5.00)	stered female manual worke gnancy / *on delivery of child / *	r (Registration for miscarriage
Office Seal:	Labour Officer (Social Scheme)	
ACKNOWLE	DGEMENT SLIP	
Received from Tmt	lication for sanction of maternity	assistance for
* Strikeout whichever is not applicable	Labour Officer (Social Social	•
Office Seal :	Name: Designation:	",
(26) for Form-XV, the following Form shall "FORM [See Clause APPLICATION FOR REIM] PURCHASE OF SPECTACLES BY TH	M – XV ase 24(3)] BURSEMENT OF COST ON	VORKER
To The Labour Officer(Social Security Scheme) district.		
5. Name of the registered manual worke	r.	
6. (a) Registration Number and date of i	nitial registration.	
(Original identity card should be end	elosed).	
(b) Date of last renewal indicating the		
period unto which renewed		

3. Address in full with PIN code:

4. Date of purchase of spectacles and its actual cost :
5. Whether certificate issued by a registered
Opthalmist is enclosed in original? :
6. Whether cash bill is enclosed in original?
Signature/Thumb impression of the
registered manual worker.
DECLARATION BY THE APPLICANT*
(i) I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount reimbursed towards purchase of spectacles for myself.
(ii) I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes. Place :
Date: Signature/Thumb impression of the
registered manual worker. *Any false declaration/ certification will entail legal action .
This false declaration certification will entail legal action.
<u>CERTIFICATE*</u>
I hereby certify that the particulars furnished in the application form are correct. Place:
Date: Member Tamil Nadu
Welfare Board
President/Secretary of the Registered Trade Union of the Employment/ sistant Inspector of Labour concerned
/Any
other officer permitted to give employment certificate.
*Any false declaration/ certification will entail legal action .
SANCTION
I hereby sanction, after due verification, the reimbursement of a sum of Rs/-(Rupees only) to Selvi/Thiru/Tmt, towards the actual cost on purchase of spectacles for himself/herself.
Office Seal:
The Labour Officer(Social Security Scheme) district
A C K N O W L E D G E M E N T S L I P
Received from Thiru/Tmt./ Selvi registered manual worker
(Registration No) application for reimbursement of cost on purchase of spectacles for himself/herself.
The Labour Officer(Social Security Scheme)

	district	with
date		
	Name:	
Office Seal:	Designation:	.".

In exercise of the powers conferred by section 4 read with section 3 of the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 (Tamil Nadu Act 33 of 1982), the Governor of Tamil Nadu, after consultation with the Advisory Committee, hereby makes the following amendments to the Tamil Nadu Palm-Tree Workers Social Security and Welfare Scheme, 2006.

2. The amendments hereby made shall come into force on the 31st day of October, 2008.

AMENDMENTS

In the said Scheme, -

- (1) in clause 9,-
 - (i) in sub-clause (1), after the expression "Board", the expression "through the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
 - (ii) in sub-clause (2),-
 - (a) after the expression "such registration shall be made", the expression "in duplicate to the Labour Officer (Social Security Scheme) of the respective district" shall be inserted:
 - (b) after item (c), the following item shall be added, namely:-
 - "(d) Village Administrative Officer and for Chennai district, the Revenue Inspector concerned.";
 - (iii) for sub-clause (3), the following sub-clause shall be substituted, namely:-
 - "(3) (a) The registration of the name of the manual worker with the Board shall be made by the Labour Officer (Social Security Scheme) of the respective district after due verification by the respective Village Administrative Officer and for Chennai district, by the Revenue Inspector concerned.
 - (b) The registration under this clause is valid for a period of two years or until the registered manual worker attains the age of sixty years, whichever is earlier.";
 - (iv) in sub-clauses (4) and (5), for the expression "Board or district or local office" wherever it occurs, the expression "Labour Officer (Social Security Scheme) of the respective district "shall be substituted;
 - (v) in sub-clause (6), after item (c), the following item shall be added, namely:-
 - "(d) Where the nomination made is incomplete or becomes void, the assistance shall be released to the legal heirs of the deceased registered manual worker.";

- (2) in clause 10,-
 - (iii)in sub-clauses (1) and (2), for the expression "Executive Officer", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (3) in clause 11, in sub-clause (4), after the expression "Board", the expression "and the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
- (4) in clause 14, in sub-clause (3), for the expression "Executive Officer or any other officer authorised in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district, after due verification" shall be substituted;
- (5) in clause 15, for the expression "Chief Executive Officer or any other officer authorised by the Chief Executive Officer in this behalf", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (6) in clause 17,-
 - (i) in sub-clause (1), after the expression "Personal Accident Relief", the following expression shall be added, namely:-

"and where the accident results in death, their nominees are eligible for Personal Accident Relief.";

- (ii) in sub-clause (3),-
- (a) in item (a), for the expression "Board", occurring in three places, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (b) in item (e), for the expression "Board or any Officer authorised in this behalf", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (7) in clause 18,-
 - 9. in sub-clause (2), for the expression "Board" occurring in five places, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
 - 10. in sub-clause (3), for the expression "Rs.300 (Rupees three hundred only)", the expression "Rs.400 (Rupees four hundred only)" shall be substituted;
- (8) in clause 19,-
 - (i) in sub-clause (1), for the expression "Secretary or any other officer authorised in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district, after due verification" shall be substituted;

- (ii) in sub-clause (2), the expression "by the Board" shall be omitted;
- (9) in clause 20, in sub-clause (1), for the expression "Secretary or any other Officer authorized in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district, after due verification" shall be substituted;
- (10) in clause 21,-
 - (vii) for sub-clause (1), the following sub-clause shall be substituted, namely:-
 - "(1) The assistance for the education of the children of a registered manual worker shall be sanctioned by the Labour Officer (Social Security Scheme) of the respective district, after due verification, as specified in the Table below:-

THE TABLE.

Contal	T	Form Course of Study	Day Scholar		Hosteller	
Serial Number	rorm	Course of Study	Boys	Girls	Boys	Girls
			Rs.	Rs.	Rs.	Rs.
1	XI	10 th Std., Studying- Girl children only		1,000		
2	X	10 th Std., passed	1,000	1,000		
3	XI	11 th Std., Studying- Girl children only		1,000		
4	XI	12 th Std. Studying – Girl children only		1,500		
5	X	12 th Std. passed	1,500	1,500		
6	XII	Studying regular Bachelor Degree course (Every academic year)	1,500	1,500	1,750	1,750
7	XII	Studying regular Post Graduate course (Every academic year)	2,000	2,000	3,000	3,000
8	XII	Studying regular Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses . (Every academic year)	2,000	2,000	4,000	4,000
9	XII	Studying regular Post Graduate Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses (Every academic year)	4,000	4,000	6,000	6,000

10	XII	Studying ITI or (Every academic	Polytechnic course year)	1,000	1,000	1,200	1,200	
								.,,

(viii) for sub-clause (3), the following sub-clause shall be substituted, namely:-

- "(3) The application for assistances specified in serial numbers 2 and 5 in column (1) of the Table in sub-clause (1) shall be in Form X to be submitted after passing of the course, the application for assistances specified in serial numbers 6 to 10 in column (1) of the said Table shall be in Form XII to be submitted before completion and passing of the course and the application for assistances specified in serial numbers 1,3 and 4 shall be in Form XI to be submitted before completion and passing of the course.";
- (11) in clause 22, in sub-clause (1), for the expression "Secretary or any other Officer authorised in this behalf by the Board, shall on an application from a registered manual worker", the expression "Labour Officer (Social Security Scheme) of the respective district shall, on an application from a registered manual worker, after due verification" shall be substituted;
- (12) in clause 23, for sub-clause (1), the following sub-clause shall be substituted, namely:-
 - "(1) The Labour Officer (Social Security Scheme) of the respective district shall, on an application from a registered female manual worker, sanction the assistance as indicated below, after due verification of the proof produced by her of her pregnancy or delivery of child by her or the miscarriage of her pregnancy or the termination of pregnancy:-
 - (i) Pregnancy
 Rs.6,000/(Rs.3,000/- shall be paid on the seventh month of pregnancy and remaining Rs.3,000/- shall be paid on delivery of the child)
 - (ii) Miscarriage of pregnancy -Rs.3,000/-
 - (iii) Termination of pregnancy -Rs.3,000/-.";
- (13) in clause 24,-
 - (i) in sub-clause (1), for the expression "Secretary or any other officer authorised in this behalf by the Board, shall on an application From XV from a registered manual worker", the expression "Labour Officer (Social Security Scheme) of the respective district, shall on an application From XV from a registered manual worker, after due verification" shall be substituted;
 - (ii) for sub-clause (2), the following sub-clause shall be substituted, namely:-
 - "(2) The assistance shall be restricted to 65 registered manual workers per year in each district on "First come First serve" basis depending upon the applications

received.";

(14) for Form I, the following Form shall be substituted, namely:-

"FORM – I [See Clause 9(2)]

APPLICATION FOR REGISTRATION

Affix

The Labour Office district.	er (Social Security S	cheme),		p	Passport size shotograph
Registration No					
(to be filled in by	the Registration Aut	hority)			
1. Name of the W	orker	:			
2. Name of the Fa	ther/Husband	:			
3. Date of birth					
(Enclose Xerox	Copy of evidence	Day	Month	Year	
-	ly attested by a Grou	p A			
or Group B	Officer)*				
4. Marital Status					
	arried, unmarried, wi	dow/widower):			
5. Permanent addı		:			
6. Present address					
	elf-employed or emp	•			
	rnish the name and a				
	nent and also the nam	ne and			
	mployer/contractor	:			
9. Nature of work		:			
	ars engaged in the ente te of application	nployment :			
11. Particulars of	the members of the f	amily			
Sl. No.	Name	Age	Relati	ionship	Marital status
(1)	(2)	(3)		(4)	(5)
	he wife/husband is e	mployed?:			
(b) If so furni					
	or receipt of Natural	Death/Accidental			
Death Assist		:		_	
Name and address be	s ** Nominee's Rela	ationship A	age of the	Percent	tage of amount to
of the nominee/no	ominees with the (2)	ne worker (3)	nominee (4)	paic	d to each nominee
		\ /			

^{*(}i) Birth Certificate or (ii) School Certificate or (iii) Driving Licence or (iv) Ration Card or

- (v) Voter's identity card or (vi) Certificate from Registered Medical Practitioner not below the rank of Civil Surgeon of a Government Hospital in the prescribed format duly signed by the worker.
- ** Nominees shall be dependant Family Members.

Signature or left hand thumb impression of the manual worker. (Left hand thumb impression to be attested by the Registration Authority)

DECLARATION BY THE APPLICANT.***

I declare that I am not registered as a member in any other Manual Workers Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Signature or left hand thumb impression of the manual worker. (Left hand thumb impression to be attested by the Registration Authority)

*** Any false declaration/ certification will entail legal action.

CERTIFICATE OF EMPLOYMENT*.**

Certified that the particulars furnished by Thiru/Thirur, regarding employment as a manual worker in the application	
best of my knowledge and belief.	
Place:	
Date:	
	Signature and name of the person / Officer issuing the certificate
*** Any false declaration/ certification will entail legal action	J

VERIFICATION CERTIFICATE.

After due verification it is certified that the particulars furnished in the application and the proof of age are found correct and recommended for registration.

Place: Village Administrative Officer /
Date: Revenue Inspector (for Chennai district)

Office Note:-

Labour Officer (Social Security Scheme)district

A (CKN	0	WL	$\mathbf{E} \mathbf{D}$	GE	ME I	NΤ	SL	IP.
-----	-----	---	----	-------------------------	----	------	----	----	-----

Received		residing stration as manual worker in the Tan	at nil
Nadu	11		
Office Seal:	Labour O	fficer (Social Security Scheme	
)		district with date	
	Name:		
		Designation:	"

(15) in Form II,-

- under the heading "SCHEME ASSISTANCES OF THE BOARD", in serial number 8, against the entry "Pension", for the expression "300", the expression "400" shall be substituted;
- under the heading "Details of Scheme Assistance provided to the worker", in the Table, for the expression "Name of the Beneficiary", the expression "Name of the person" shall be substituted;
- under the heading "GENERAL INSTRUCTIONS",-
- (a) for the expression "Assistant Inspector of Labour", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (b) for the expression "Board" occurring in three places, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (16) in FORM VI, for the expression "The Secretary,", the expression "The Labour Officer (Social Security Scheme), district." shall be substituted;
- (17) for FORM VII, the following Form shall be substituted, namely.-

"FORM – VII

[See Clause 17(3)(b)] OR PAYMENT OF COMPEN

APPLICATION FOR PAYMENT OF COMPENSATION FOR ACCIDENTAL DEATH/ DISABILITY

-		ACCIDENTAL DEATH	DISABILITI
То			
		Officer (Social Security Scheme)	
		district.	
			٦
	12.	(a)Name of the registered manual worke	r } :
		(b)Address (in full)	J
		(on the date of death/ disability)	:
		(c) Age	
		(d) Registration number and date of	
		initial registration	:
		(e) Renewal date	:
		(f) Occupation	:
	2.	(a)Area	:
		(b)Place	:
		(c)District	:
	3. (a)	Name of the nominee	:
	(1	b) Relationship with the deceased registere	d manual worker
	`	(in the case of accidental death only)	
	((c) Age of the nominee	:
	•	l) Address in full (with PIN)	
		Whether the claimant is the registered wo	rker
		himself (in the case of accidental	
		disability) or the nominee of the	
	_	registered manual worker?	•
	5.	Date and time of accident	:

 6. Place of accident (a) at the work place (b) outside the work place 7. Whether intimation regarding accident had in Form - VI as per clause 17 (3) (a)? 8. Whether the accident resulted in death/loss of limb/loss of eye sight/partial inju 9. In the case of accidental disability, a centrom a Civil Surgeon of the Governme Hospital indicating the percentage of disability due to accident with details obtained and enclosed in original. 10 (i) Date and time of death (in the case of (ii) Attested copy of First Information Results of accident (iii) Post-Mortem Certificate and final Investigation Report should be sent (iv) Death Certificate (attested copy) she enclosed 	: ary? rtificate nt should be : of accidental death): deport. from the Police nt to be enclosed: t in original:
Signature/Thu worker /	mb impression of the registered manual nominee in case of death.
knowledge. In the event of any of the information hereby agree to refund in full the amount received also hereby declare that I have not received similar or Boards constituted by the Government of Tamil schemes. Place: Signature/Thumb impression	and above are correct and true to the best of my a given above is ultimately found to be false, I has assistance for accidental death/disability. I have benefit by claim in any other Welfare Board Nadu or under any other Government has of the registered manual worker / nee in case of death.
SANCT I hereby sanction, after due verification, for towards accidental death/disability to Selvi/Thiru/Thi	ION r payment of Rs/- (Rupeesonly)
Place: Date:	Labour Officer (Social Security Scheme)district. (Affix Rubber Stamp)

ACKNOWLEDGEMENT SLIP

	mt	
of assistance towards accidental death/dis worker Selvi/Thiru/Tmt. manual worker Selvi/Thiru/Tmt.	(Registration Number	registered manual)/registered
	Labour Officer (Social Security S district with date Name:	Scheme)
Office Seal :	Designation:	",
(18) for Form-VIII, the following Form s	hall be substituted, namely:-	
	ORM -VIII Clause 18(2)]	
APPLICAT	ION FOR PENSION	
To The Labour Officer (Social Security Schem district.	Fass	port size tograph
1. Name of the Applicant : 2. Address in full (to which pension	_	v signed
is to be sent) (with PIN code) 3. Registration number and date (Original identity Card should be enclose)	ed)	
4. Age and date of completion of60 years of age :5. Date of completion of continuous period of	of	

five years as registered manual worker of the Board

6. Whether the registration has been renewed regularly without any default? If so,

details may be furnished :

S1	Date of initial registration/	Period of validity of registration/renewal		
No.	subsequent renewal	From	То	
(1)	(2)	(3)	(4)	

7. Whether in receipt of any other pension?

If so, furnish complete details

Signature/Thumb impression of the

registered

manual worker.

DECLARATION*

I hereby certify that the facts mentioned above are true to the best of my knowledge and information. I am not a registered manual worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place: Signature/Thumb impression of the registered manual worker.

Date:

*Any false declaration/ certification will entail legal action

Note: 1. Besides the photograph affixed above, another passport size photograph should be enclosed with the application.

Name:

13. Incomplete applications will not be considered.

SANCTION

	I hereby sanction, after due verification	n, a monthly pension of Rs	/-
(Rupees	only) with effect from	The a	mount shall be
` -	sent by Money		
Place:	Labour Office	r (Social Security Scheme)
Date:district.			
	A C K N O W L E D G E Received from Selvi/Thiru/Tmt	(Address in fu	/
		(Registration	No)
application	for sanction of pension.		
	Labour Officer (Social	Security Scheme) dis	strict with date
		Name:	
Office Seal	:	Designation:	",

(19) for Form-VIII-A, the following Form shall be substituted, namely:-

60 years of age

"FORM -VIII-A [See Clause 18(2)] APPLICATION FOR DISABILITY PENSION

To The Labour Officer (Social Security Scheme) district.	Passport size photograph duly signed	
1.Name of the applicant	:	
2. Address in full (to which pension		
is to be sent) (with PIN code)	:	
3. Registration number and date	:	
(Original identity card should be enclosed)		
4. Age and date of completion of		

- 5. Date of completion of continuous period of five years as registered manual worker of the Board
- 6. Whether the registration has been renewed regularly without any default? If so,

details may be furnished

Sl.	Date of initial registration/	Period of validity of	f registration/renewal
No.	subsequent renewal	From	То
(1)	(2)	(3)	(4)

7. Whether the applicant has become disabled due to sickness and incapacitated from normal work? (If so, a certificate by a Medical Officer not below the rank of Civil Surgeon of the Government Hospital under his name and seal should be enclosed in original)

8. Whether in receipt of any other pension?

If so, furnish complete details

Place:

Signature/Thumb impression of the registered manual worker

Signature/Thumb impression of the registered manual worker

DECLARATION*

I hereby declare that the facts mentioned above are true to the best of my knowledge and information. I am not a registered worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as disability pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Date:	Name:	
* Any false declaration/ certification	will entail legal action	
Note: 1. Besides the photograph affixed above another passport size		
photograph should be enclose	sed with the application.	

2.Incomplete applications will not be considered.

Labour Officer (Social Security Scheme) district with date

	Name:	
Office Seal :	Designation:	",

_

(20) for Form-IX, the following Form shall be substituted, namely:-

"FORM – IX [See Clause 19(2) and 20(2)]

APPLICATION FOR PAYMENT OF FUNERAL EXPENSES/ NATURAL DEATH ASSISTANCE

10
The Labour Officer (Social Security Scheme)
district.

- 16. Name of the deceased registered manual worker:
- 17. Address in full (at the time of death):
- 18. Age (on the date of death):
- 19. Nature of work:
- 20. (a) Registration Number and date of initial registration. (Original Identity card should be enclosed).
 - (b) Date of last renewal, indicating the period upto which renewed
- 6. (a) Place of death
 - (b) Date of death
 - (c) Cause of death (to be indicated clearly):(Avoid indicating as "Natural Death")(Death Certificate in original shall be enclosed)
- 7. (a) Name of the nominee:
- (b) Age on the nominee (in completed years):
- (c) Address of the nominee in full indicating PIN Code:
- (d) Relationship of the nominee with the deceased registered manual worker

Signature/Thumb impression of the nominee of the registered manual worker

DECLARATION OF THE NOMINEE *

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for death/funeral expenses of the deceased manual worker.

I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place:	
Date:	Signature/Thumb impression of the
	nominee of the registered manual worker

*Any false declaration/ certification will entail legal action

CERTIFICATE*

1 nereby	certify that the particulars furnished in the application are correct.
Place:	
Date:	Members, Tamil Nadu
	Welfare Board / President/Secretary of the Registered Trade
	Union of the Employment concerned/Assistant Inspector
	of Labour concerned /Any other officer permitted to give

employment certificate.

* Any false declaration/ certification will entail legal action 4. I hereby sanction, after due verification, a sum of Rs. /- (Rupees only) as assistance to Thiru/Tmt/Selvi., nominee / nominees, for the funeral of Thiru/Thirumathi/Selvi a registered manual worker. 2. I hereby sanction, after due verification, a sum of Rs. /-(Rupees only) as assistance to Thiru/Tmt/Selvi....., nominee/nominees, on the natural death of Thiru/Thirumathi/Selvi aregistered manual worker. Office Seal: LabourOfficer (Social Security Scheme Place: Date district.

ACKNOWLEDGEMENT SLIP

Received from Selvi/Thiru/	Tmt	
	claim a	application for
sanction of Funeral/Natural death	assistance in respect of deceased registered m	nanual worker
Selvi/Thiru/Tmt	(Registration No.)	
	Labour Officer (Social Security	Scheme)
	district with date	
	Name:	
Office Seal:	Designation:	".

(21) for Form-X, the following Form shall be substituted, namely:-

FORM-X
[See Clause 21(3)]

APPLICATION FOR EDUCATIONAL ASSISTANCE FOR PASS IN 10TH STANDARD AND 12TH STANDARD EXAMINATION.

To
The Labour Officer (Social Security Scheme)
district.

- (vii) Name of the registered manual worker.
- (viii) (a) Registration Number and date of initial registration.

(Original Identity card should be enclosed).

- (b) Date of last renewal, indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered manual worker: -

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought for:

Sl.	Name	D-4 CD: -41-	Examination	Month and	Name of the
No.	(Son/Daughter)	Date of Birth	passed	Year of Pass	School studied
(1)	(2)	(3)	(4)	(5)	(6)

<u>Note:-</u> Xerox copy of the Mark Sheet in support of having passed the Examination, duly attested by a Group A or Group B Officer should be enclosed.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl.	Nome	Con/Dougleton	Course for which	Year of availing	Amount of assistance
No.	Name	Son/Daughter	assistance availed	assistance	(Rs.)
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance. I further declare that I have not availed similar assistance from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place	:	
Date	:	

Signature/Thumb impression of

the registered manual worker

CERTIFICATE*

I hereby certify that the particulars furnished in the application are correct.

^{*} Any false declaration/certification will entail legal action.

Place:	
Date:	Members, Tamil Nadu
	Welfare Board /
	President/Secretary of the Regd. Trade Union of the
	Employment concerned/ Assistant Inspector
	of Labour concerned /Any other officer permitted
	to give employment certificate.
* Any fa	alse declaration/ certification will entail legal action.
	SANCTION
educatio	hereby sanction, after due verification a sum of Rs/- (Rupees only) as onal assistance, in respect of *Selvan/*Selvi * son/*daughter of *Thiru/Tmt ed manual worker (Registration No).
Office S	eal:
Place:	Labour Officer (Social Security Scheme)district
Date:	
* Strike	out whichever is not applicable
	ACKNOWLEDGEMENT SLIP Received from Thiru/Tmt./ Selvi/ (Registration No) claim application for sanction of educational assistance .
	Labour Officer (Social Security Scheme)
	district with date
Office C	Name:
Office S	eal: Designation: .";

(22) for Form-XI, the following Form shall be substituted, namely:-

"FORM-XI

[See Clause 21(3)]

APPLICATION FOR EDUCATIONAL ASSISTANCE FOR GIRL CHILDREN STUDYING IN 10 $^{\rm TH}$ STANDARD/ 11 $^{\rm TH}$ STANDARD/ 12 $^{\rm TH}$ STANDARD.

To

The Labour Officer (Social Security Scheme

..... district.

- 7. Name of the registered manual worker.
- 8. (a) Registration Number and date of initial registration (Original identity card should be enclosed).
 - (b) Date of last renewal, indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered manual worker:

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the daughter for whom Educational Assistance is sought for:-

ſ				Chandand in	Verse	
				Standard in	Year of	
	Sl.			which studying	Study (indicate	Name of the school
	No.	Name	Date of Birth	which studying (Std. 10 th /11 th /	the academic	with full address
				12 th)	voor)	
ı				12)	year)	
	(1)	(2)	(3)	(4)	(5)	(6)
ſ						

<u>Note</u>: - Certificate from the Head Master/Principal of the School to the effect that the daughter of the registered manual worker is studying the course, should be enclosed.

6. Number of children for whom the assistance has already been availed from the Board:

Sl.	Name	Son/Daughter	Course for which	Year of availing	Amount of
No.		ε	assistance availed	the assistance	assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker.

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false. I

hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place	:									
Date	: Signature/Thumb impression of the registered manual worker.									
A	ny false declaration/ certification will entail legal action . CERTIFICATE									
I	hereby certify that the particulars furnished in the application are correct.									
Place:										
Date: Members, Tamil Nadu										
	President/Secretary of the Registered. Trade Union									
_	of the Employment concerned/ / Assistant									
Inspec										
	of Labour concerned /Any other officer permitted to give employment certificate.									
* A	Any false declaration/ certification will entail legal action									
	<u>SANCTION</u>									
	I hereby sanction, after due verification, a sum of Rs/- (Rupeesonly) to the nt as educational assistance, in respect of Selvi daughter of Thiru/Tmt red manual worker (Registration No).									
Office Place	Seal: Labour Officer (Social Security Scheme)district Date									
	ACKNOWLEDGEMENT SLIP									
	Received from Thiru/Tmt registered manual worker tration No), claim application for sanction of educational assistance.									
	Labour Officer (Social Security Scheme) district with date Name:									
Office										

(23) for Form-XII, the following Form shall be substituted, namely:-

"FORM-XII [See Clause 21(3)]

APPLICATION FOR EDUCATIONAL ASSISTANCE FOR HIGHER EDUCATION

To
The Labour Officer (Social Security Scheme)
......district.

- 7. Name of the registered manual worker.
- 8. a) Registration Number and date of initial registration (Original identity card should be enclosed).
 - b) Date of last renewal, indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered

manual worker:

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought:-

Sl. No.	Name	Date of Birth	Name of the course studying	Duration of the course	Name of the College/Institution with address in full
(1)	(2)	(3)	(4)	(5)	(6)

Note: - Certificate from the Principal of the College/Educational institution to the effect that the son or daughter of the registered manual worker is studying the course indicating whether a day scholar or hosteller should be enclosed in original.

6. Number of children for whom the educational assistance has already been availed from the Board

Ç1			Course for	Years of	Amount of
) N	Name	Son/Daughter	which	availing	assistance
No.			assistance	assistance	

			availed	Rs.	
(1)	(2)	(3)	(4)	(5)	(6)

Signature/ Thumb impression of the registered manual worker.

DECLARATION BY THE APPLICANT.*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefit by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes. Place

Date

Signature/Thumb impression of the registered manual worker.

	CEI	RTIFICATE*
I hereby certify	that	
the above particulars are		Tamil Nadu
correct.	Welfare Board	
Place:		ary of the Registered. Trade Union
Date:		of the Employment concerned/ / Assistant
Inspector		
hispector		and I show an armed /A my other officer
		oof Labour concerned /Any other officer
		permitted to give employment certificate.
*Any false declara	tion/ certification wil	l entail legal action
	<u>s</u>	ANCTION
•	educational assistanc *Tmt regi	n, a sum of Rs/- (Rupees
Place:		Labour Officer, (Social Security Scheme)
Date		district

^{*} Any false declaration/ certification will entail legal action .

\mathbf{A}	CKN	0	\mathbf{W}	LED	GE	ME	NT	SL	ΙP
--------------	-----	---	--------------	-----	----	----	----	----	----

		<u>A C K N O V</u>	<u>V L E D G E</u>	MENT SL	<u>, I P</u>	
	Registration	Thiru/Tmt No			_	
		Name:	Lal	oour Officer (S		y Scheme)district with date
Office S	eal:	rame.	Desig	gnation:		››. · ,
(24) f		I, the following For ATION FOR PA	"FORM – I [See Clause I	XIII 22(4)]	·	NCE
		Social Security S				.02
(8) Registration (Original Address in (a)Part registered in	he registered man on Number and da identity card sho if full with PIN Co ciculars of the manual worker: Relationship	ate of initial re uld be enclose ode:	ed).		
51110.	Name	Kelationship	<u>Agc</u>	<u>Maritai Stat</u>	<u>us</u>	
(1)	(2)	(3)	(4)	(5)		

- (b) (i) Name of the person for whose marriage the assistance is sought for
 - (ii) Relationship to the registered manual worker:
 - (iii) Age in completed years on the date of marriage:
 - (c) Names of the couple: (i) Bride
 - (ii) Groom
 - (d) Date and venue of the marriage

(Marriage invitation to be enclosed in original):

(e) Has the marriage assistance been availed earlier from the Board? If so, furnish details:

Signature/Thumb impression of the registered manual worker.

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance for the marriage of self/daughter/son.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date

Signature/Thumb impression of the

registered manual worker.

*Any false declaration/certification will entail legal action ...

CERTIFICATE*

T	1 1	'. C	41 4 41	. 1	٠.	. 1 1 .	41	1' '	C	
	nerer	NU CAPTITY	that th	narticillar	c fiirni	ichea in	the 9	nnlication	form are correct	71
	HULL	ov cerur	v mai m	Darucular	o rurin	isnicu in	uic a	ibbiicauon	TOTHI are correct	JU.

Place:

Date: Members, Tamil Nadu.....

*Any false Welfare Board/

declaration/ President/Secretary of the Regd. Trade Union of the

certification Employment concerned// Assistant Inspector

will entail of Labour concerned /Any other officer permitted

legal action .. to give employment certificate.

SANCTION

	hereby sanction, after due verifi marriage assistance of the son manual worker of the		t, registered
			er (Social Security Scheme)district.
		VLEDGEMENT SI	
Rec	eived from Thiru/Tmt	· · · · · · · · · · · · · · · · · · ·	
			claim application for
sanction o	of marriage assistance.		
	La Name:	abour Officer (Social Sec with date	urity Scheme) district
Office Sea		Designation:	"· · ·
(25) for		"FORM – XIV [See clause 23(3)]	
FOR PI	APPLICATION FOR PAY REGNANCY OR MISCARI A REGISTERED		ON OF PREGNANCY BY
To			
	r Officer (Social Security Sc district	heme)	
7.	Name of the registered femal	le manual worker:	
8.	(a) Registration Number and	date of initial registration	
	(Original Identity card show		
	(b) Date of last renewal indicate	•	
3	period upto which renewed Address (in full) with PIN C		
	Particulars of surviving son/d		
••	female manual worker:		

Sl. No.	Name	Sex	Date of Birth	Age
(1)	(2)	(3)	(4)	(5)

- 5. Month of Pregnancy* on the date of claim application:
- *(Certificate from the Civil Assistant Surgeon of the Government Hospital in support of this should be enclosed in original)
- 6. Whether the claim is for pregnancy or miscarriage of pregnancy or termination of pregnancy?

If so details may be furnished. (Certificate from the Civil Assistant Surgeon of the Government Hospital to this effect should be obtained and sent in original)

7. Whether the assistance has already been availed by the registered female manual worker? If so, details may be furnished:

Signature/Thumb impression of the

registered manual worker.

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes. Place :

Date:

Signature/Thumb impression of the

*Any false declaration/ certification will entail legal action ... registered female manual worker.

Note.- (i) The Birth Certificate from the Registrar of Births of the area concerned should be

(ii) In the event of untoward demise of the registered female manual worker after the 7th month of pregnancy either before delivery or three months after delivery, the fact should be reported to the Medical Officer of Primary Health Centre concerned and for Chennai district to the Health Officer concerned, immediately along with the Death Certificate in original, for

sanction of Funeral Expenses (or) Natural death assistance as admissible under the Scheme.

CERTIFICATE*

I	hereby certify	that the pa	articulars furni	ished in the	e applica	ation i	form are	correct
---	----------------	-------------	------------------	--------------	-----------	---------	----------	---------

obtained and sent in original for release of the assistance after the date of delivery.

Place:

Date: Members, Tamil Nadu.....

*Any false Welfare Board/

declaration/ President/Secretary of the Regd. Trade Union of the

certification Employment concerned// Assistant Inspector

will entail legal of Labour concerned /Any other officer permitted

action .. to give employment certificate.

SANCTION

I hereby sanction, after due verification, (Rupees only) to Tmtregis No) *at the time of seventh month of preg of pregnancy /* termination of pregnancy (* S	nancy / *on delivery of child / *for miscarriage
Office Seal:	Labour Officer (Social Security Scheme)district
ACKNOWLE	DGEMENT SLIP
Received from Tmt	
	Labour Officer (Social Security Scheme)
* Strikeout whichever is not applicable	district
	Name:
Office Seal:	Designation: .";
"FORM [See Claus APPLICATION FOR REIMB PURCHASE OF SPECTACLES BY THI	se 24(3)] BURSEMENT OF COST ON
To The Labour Officer(Social Security Scheme) district.	
7. Name of the registered manual worker	
8. (a) Registration Number and date of in	nitial registration.
(Original identity card should be encl	losed).
(b) Date of last renewal indicating the	
period upto which renewed	
3. Address in full with PIN code:	
4. Date of purchase of spectacles and it	ts actual cost:
5. Whether certificate issued by a regis	stered
Opthalmist is enclosed in original?	:
6. Whether cash bill is enclosed in original	al? :

Signature/Thumb impression of the

registered manual worker.

DECLARATION BY THE APPLICANT*

(ii) I also hereby declare that I have not received similar benefit by claim in any other

- (i) I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount reimbursed towards purchase of spectacles for myself.
- Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes. Place Date: Signature/Thumb impression of the registered manual worker. *Any false declaration/certification will entail legal action. **CERTIFICATE*** I hereby certify that the particulars furnished in the application form are correct. Place: Date: Member Tamil Nadu..... Welfare Board President/Secretary of the Registered Trade Union of the Employment/ sistant Inspector of Labour concerned /Any other officer permitted to give employment certificate. *Any false declaration/ certification will entail legal action. **SANCTION** I hereby sanction, after due verification, the reimbursement of a sum of Rs..../-(Rupees only) to Selvi/Thiru/Tmt..... towards the actual cost on purchase of spectacles for himself/herself. Office Seal: The Labour Officer(Social Security Scheme) district A C K N O W L E D G E M E N T S L I P Received from Thiru/Tmt./ Selvi registered manual worker (Registration No.....) application for reimbursement of cost on purchase of spectacles for himself/herself. The Labour Officer(Social Security Scheme) districtwith date Name:

Designation:

Office Seal:

NOTIFICATION –IX.

In exercise of the powers conferred by section 4 read with section 3 of the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 (Tamil Nadu Act 33 of 1982), the Governor of Tamil Nadu, after consultation with the Advisory Committee, hereby makes the following amendments to the Tamil Nadu Handicraft Workers Social Security and Welfare Scheme, 2006.

2. The amendments hereby made shall come into force on the 31st day of October, 2008.

AMENDMENTS

In the said Scheme, -

- (1) in clause 9,-
 - (i) in sub-clause (1), after the expression "Board", the expression "through the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
 - (ii) in sub-clause (2),-
 - (a) after the expression "such registration shall be made", the expression "in duplicate to the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
 - (b) after item (c), the following item shall be added, namely:-
 - "(d) Village Administrative Officer and for Chennai district, the Revenue Inspector concerned.";
 - (iii) for sub-clause (3), the following sub-clause shall be substituted, namely:-
 - "(3) (a) The registration of the name of the manual worker with the Board shall be made by the Labour Officer (Social Security Scheme) of the respective district after due verification by the respective Village Administrative Officer and for Chennai district, by the Revenue Inspector concerned.
 - (b) The registration under this clause is valid for a period of two years or until the registered manual worker attains the age of sixty years, whichever is earlier.";
 - (iv) in sub-clauses (4) and (5), for the expression "Board or district or local office" wherever it occurs, the expression "Labour Officer (Social Security Scheme) of the respective district "shall be substituted;
 - (v) in sub-clause (6), after item (c), the following item shall be added, namely:-
 - "(d) Where the nomination made is incomplete or becomes void, the assistance shall be released to the legal heirs of the deceased registered manual worker.";
- (2) in clause 10,-
 - (iv)in sub-clauses (1) and (2), for the expression "Executive Officer", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;

- (3) in clause 11, in sub-clause (4), after the expression "Board", the expression "and the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
- (4) in clause 14, in sub-clause (3), for the expression "Executive Officer or any other officer authorised in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district, after due verification" shall be substituted;
- (5) in clause 15, for the expression "Chief Executive Officer or any other officer authorised by the Chief Executive Officer in this behalf", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (6) in clause 17,-
 - (i) in sub-clause (1), after the expression "Personal Accident Relief", the following expression shall be added, namely:-

"and where the accident results in death, their nominees are eligible for Personal Accident Relief.";

- (ii) in sub-clause (3),-
- (a) in item (a), for the expression "Board", occurring in three places, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (b) in item (e), for the expression "Board or any Officer authorised in this behalf", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (7) in clause 18,-
 - 11. in sub-clause (2), for the expression "Board" occurring in five places, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
 - 12. in sub-clause (3), for the expression "Rs.300 (Rupees three hundred only)", the expression "Rs.400 (Rupees four hundred only)" shall be substituted;
- (8) in clause 19.-
 - (i) in sub-clause (1), for the expression "Secretary or any other officer authorised in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district, after due verification" shall be substituted;
 - (ii) in sub-clause (2), the expression "by the Board" shall be omitted;
- (9) in clause 20, in sub-clause (1), for the expression "Secretary or any other Officer authorized in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district, after due verification" shall be substituted;

- (10) in clause 21,-
 - (ix) for sub-clause (1), the following sub-clause shall be substituted, namely:-
 - "(1) The assistance for the education of the children of a registered manual worker shall be sanctioned by the Labour Officer (Social Security Scheme) of the respective district, after due verification, as specified in the Table below:-

THE TABLE.

			Day S	cholar	Hos	teller
Serial Number	Form	Corm Course of Study		Girls	Boys	Girls
			Rs.	Rs.	Rs.	Rs.
1	XI	10 th Std., Studying- Girl children only		1,000		
2	X	10 th Std., passed	1,000	1,000		
3	XI	11 th Std., Studying- Girl children only		1,000		
4	XI	12 th Std. Studying – Girl children only		1,500		
5	X	12 th Std. passed	1,500	1,500		
6	XII	Studying regular Bachelor Degree course (Every academic year)	1,500	1,500	1,750	1,750
7	XII	Studying regular Post Graduate course (Every academic year)	2,000	2,000	3,000	3,000
8	XII	Studying regular Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses . (Every academic year)	2,000	2,000	4,000	4,000
9	XII	Studying regular Post Graduate Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses (Every academic year)	4,000	4,000	6,000	6,000
10	XII	Studying ITI or Polytechnic course (Every academic year)	1,000	1,000	1,200	1,200

(x) for sub-clause (3), the following sub-clause shall be substituted, namely:-

- "(3) The application for assistances specified in serial numbers 2 and 5 in column (1) of the Table in sub-clause (1) shall be in Form X to be submitted after passing of the course, the application for assistances specified in serial numbers 6 to 10 in column (1) of the said Table shall be in Form XII to be submitted before completion and passing of the course and the application for assistances specified in serial numbers 1,3 and 4 shall be in Form XI to be submitted before completion and passing of the course.";
- (11) in clause 22, in sub-clause (1), for the expression "Secretary or any other Officer authorised in this behalf by the Board, shall on an application from a registered manual worker", the expression "Labour Officer (Social Security Scheme) of the respective district shall, on an application from a registered manual worker, after due verification" shall be substituted;
- (12) in clause 23, for sub-clause (1), the following sub-clause shall be substituted, namely:-
 - "(1) The Labour Officer (Social Security Scheme) of the respective district shall, on an application from a registered female manual worker, sanction the assistance as indicated below, after due verification of the proof produced by her of her pregnancy or delivery of child by her or the miscarriage of her pregnancy or the termination of pregnancy:-
 - (i) Pregnancy
 Rs.6,000/(Rs.3,000/- shall be paid on the seventh month of pregnancy and remaining Rs.3,000/- shall be paid on delivery of the child)
 - (ii) Miscarriage of pregnancy -Rs.3,000/-
 - (iii) Termination of pregnancy -Rs.3,000/-.";
- (13) in clause 24,-
 - (i) in sub-clause (1), for the expression "Secretary or any other officer authorised in this behalf by the Board, shall on an application From XV from a registered manual worker", the expression "Labour Officer (Social Security Scheme) of the respective district, shall on an application From XV from a registered manual worker, after due verification" shall be substituted;
 - (ii) for sub-clause (2), the following sub-clause shall be substituted, namely:-
 - "(2) The assistance shall be restricted to 65 registered manual workers per year in each district on "First come First serve" basis depending upon the applications received.";
- (14) for Form I, the following Form shall be substituted, namely:-

"FORM – I [See Clause 9(2)]

APPLICATION FOR REGISTRATION

 T_{Ω}

be

of the nominee/nominees

(1)

Affix

Percentage of amount to

paid to each nominee

The Labour Office	er (Social Security So	cheme),		Passport size photograph
Registration No				
•	the Registration Autl	acrity)		
(to be fifted in by	me Registration Auti	iority)		
1. Name of the W	orker	:		
2. Name of the Fa	ther/Husband	:		
3. Date of birth				
(Enclose Xerox	Copy of evidence	Day	Month Year	r
	y attested by a Group	o A		
or Group B	Officer)*			
4. Marital Status	,			
(Whether ma	arried, unmarried, wi	dow/widower):		
5. Permanent addr	ess	:		
6. Present address		:		
7. State whether se	elf-employed or emp	loyed :		
8. If employed, fu	rnish the name and a	ddress		
of the establishm	ent and also the nam	e and		
address of the en	mployer/contractor	:		
9. Nature of work		:		
10. Number of year	ars engaged in the en	nployment		
as on the dat	e of application	:		
11. Particulars of	the members of the f	amily		
Sl. No.	Name	Age	Relationshi	p Marital status
(1)	(2)	(3)	(4)	(5)
12. (a) Whether the	he wife/husband is en	nployed?:		
(b) If so furni	sh details			
13. Nomination for	or receipt of Natural I	Death/Accidental		
Death Assista	ance	:		

(3)

with the worker

(2)

the worker.

** Nominees shall be dependent Family Members.

Name and address ** Nominee's Relationship

Age of the

nominee

(4)

^{*(}i) Birth Certificate or (ii) School Certificate or (iii) Driving Licence or (iv) Ration Card or (v) Voter's identity card or (vi) Certificate from Registered Medical Practitioner not below the rank of Civil Surgeon of a Government Hospital in the prescribed format duly signed by

DECLARATION BY THE APPLICANT.***

I declare that I am not registered as a member in any other Manual Workers Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Signature or left hand thumb impression of the manual worker. (Left hand thumb impression to be attested by the Registration Authority)

*** Any false declaration/ certification will entail legal action. **CERTIFICATE OF EMPLOYMENT***.** Certified that the particulars furnished by Thiru/Thirumathi/ Selvi..... , regarding employment as a manual worker in the application for registration are true to the best of my knowledge and belief. Place: Date: Signature and name of the person / Officer issuing the certificate *** Any false declaration/ certification will entail legal action **VERIFICATION CERTIFICATE.** After due verification it is certified that the particulars furnished in the application and the proof of age are found correct and recommended for registration. Place: Village Administrative Officer / Revenue Inspector (for Chennai district) Date:

Office Note:-

Labour Officer (Social Security Scheme)district

	Received	from	Selvi/Thiru/Tmt.	residing	at
			application for re	gistration as manual worker in the T	amil
Nadu .		. Welfare Board.			
Office	Seal:		Labour	Officer (Social Security Scheme	
)				district with date	
			Name:		
				Designation:	,,,

(15) in Form II,-

- under the heading "SCHEME ASSISTANCES OF THE BOARD", in serial number 8, against the entry "Pension", for the expression "300", the expression "400" shall be substituted;
- under the heading "Details of Scheme Assistance provided to the worker", in the Table, for the expression "Name of the Beneficiary", the expression "Name of the person" shall be substituted;
- under the heading "GENERAL INSTRUCTIONS",-
- (a) for the expression "Assistant Inspector of Labour", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (b) for the expression "Board" occurring in three places, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (16) in FORM VI, for the expression "The Secretary,", the expression "The Labour Officer (Social Security Scheme), district." shall be substituted;
- (17) for FORM VII, the following Form shall be substituted, namely.-

"FORM – VII

[See Clause 17(3)(b)]

APPLICATION FOR PAYMENT OF COMPENSATION FOR ACCIDENTAL DEATH/ DISABILITY

14.	(a)Name of the registered manual work	ter }
	(b)Address (in full)	
	(on the date of death/ disability)	:
	(c) Age	
	(d) Registration number and date of	
	initial registration	:
	(e) Renewal date	:
	(f) Occupation	:
2.	(a)Area	:
	(b)Place	:
	(c)District	:
3.	(a) Name of the nominee	:
	(b) Relationship with the deceased register	red manual worker
	(in the case of accidental death only)	
	(c) Age of the nominee	:
((d) Address in full (with PIN)	
4	4. Whether the claimant is the registered w	orker
	himself (in the case of accidental	
	disability) or the nominee of the	
	registered manual worker?	:
5.	Date and time of accident	:
6.	Place of accident	:
	(a) at the work place	:
	(b) outside the work place	:
7. W	hether intimation regarding accident has b	een given
in	Form - VI as per clause 17 (3) (a)?	:
8. W	hether the accident resulted in death/	

loss of limb/loss of eye sight/partial injury? 9. In the case of accidental disability, a certificate from a Civil Surgeon of the Government Hospital indicating the percentage of disability due to accident with details should be obtained and enclosed in original. 10 (i) Date and time of death (in the case of accidental death): (ii) Attested copy of First Information Report. from the Police Station nearer to the place of accident to be enclosed: (iii) Post-Mortem Certificate and final Investigation Report should be sent in original (iv) Death Certificate (attested copy) should be enclosed Signature/Thumb impression of the registered manual worker / nominee in case of death. **DECLARATION BY THE CLAIMANT*** I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for accidental death/disability. I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes. Place Signature/Thumb impression of the registered manual worker / nominee in case of death. * Any false declaration/ certification will entail legal action. **SANCTION** I hereby sanction, after due verification, for payment of Rs...../- (Rupees ...only) towards accidental death/disability to Selvi/Thiru/Tmt. nominee of the deceased manual worker (Registration Number......) / registered worker (Registration Number) himself. Place: Labour Officer (Social Security Scheme)district. (Affix Rubber Stamp)

Date

Date:

ACKNOWLEDGEMENT SLIP

Received from Selvi/Thiru/Tmt.	
	application for sanction

of assistance towards accidental death/disworker Selvi/Thiru/Tmt.		registered manual)/registered
manual worker Selvi/Thiru/Tmt	(Registration Number).
	Labour Officer (Social Security S district with date	cheme)
	Name:	
Office Seal :	Designation:	,,,
(18) for Form-VIII, the following Form s	shall be substituted namely.	
(16) for Form-vini, the following Form	snan de substituteu, namety	

"FORM -VIII [See Clause 18(2)]

APPLICATION FOR PENSION

To	
The Labour Officer (Social Security Scheme) district.	Passport size photograph
1. Name of the Applicant : :	duly signed
2. Address in full (to which pension	
is to be sent) (with PIN code) :	
3. Registration number and date :	
(Original identity Card should be enclosed)	
4. Age and date of completion of	
60 years of age :	
5. Date of completion of continuous period of	
five years as registered manual worker of the Board :	
6. Whether the registration has been renewed	
regularly without any default? If so,	
details may be furnished :	

Sl.	Date of initial registration/	Period of validity of	f registration/renewal
No.	subsequent renewal	From	To
(1)	(2)	(3)	(4)

7 Whather in re	posint of any other pension?			
	eceipt of any other pension? complete details			
11 50, 141111511	complete details	•		
		Signature/Th	numb impression of the	
registered		mou	nual worker.	
information. I a that any of the i me as pension b I also	certify that the facts mention not a registered manual information given by me is resides any other action that hereby declare that I have or Boards constituted by	cLARATION* oned above are true to worker of any other false, I agree to refune may be deemed fit by not received similar	the best of my knowled Board. If ultimately it is d the entire amount rece the appropriate authoriti benefits by claim in an	s four ived bies.
Place:	Signature/Thumb in	mpression of the regist	tered manual worker.	
Date:	Name:			
	aration/ certification will en			
	es the photograph affixed ab	• •	size	
	raph should be enclosed wit			
15. I	ncomplete applications will	not be considered.		
	<u>s</u>	SANCTION		
I	hereby sanction, after due v	erification, a monthly	pension of Rs/-	
(Rupees	only) with effect fr	om	The amount sh	nall be
	sent b	y Money Order.		
Place:	Labo	ur Officer (Social Se	ecurity Scheme)	
Date:		district.		
_	ACKNOWL	EDGEMENT S	LIP	
R	eceived from Selvi/Thiru/T	⁷ mt	(Address in full)	
			(Registration No	
application for s	sanction of pension.		-	
	T 1 0 00			
	Labour Office	,	heme) district wit	th date
Office Seal :	Labour Office	Name	,	th date

(19) for Form-VIII-A, the following Form shall be substituted, namely:-

"FORM -VIII-A [See Clause 18(2)] APPLICATION FOR DISABILITY PENSION

To	Passport size
The Labour Officer (Social Security Scheme	ne) photograph
district.	duly signed
1. Name of the applicant	:
2. Address in full (to which pension	
is to be sent) (with PIN code)	:
3. Registration number and date	:
(Original identity card should be enclose	d)
4. Age and date of completion of	
60 years of age	:
5. Date of completion of continuous period	of
five years as registered manual worker of	the Board :
6. Whether the registration has been renewe	d
regularly without any default? If so,	
details may be furnished	:
Sl. Date of initial registration/	Period of validity of registration/renewal

		From	То
(1)	(2)	(3)	(4)

7. Whether the applicant has become disabled due to sickness and incapacitated from normal work? (If so, a certificate by a Medical Officer not below the rank of Civil Surgeon of the Government Hospital under his name and seal should be enclosed in original)

8. Whether in receipt of any other pension?

If so, furnish complete details

Signature/Thumb impression of the registered manual worker

DECLARATION*

I hereby declare that the facts mentioned above are true to the best of my knowledge and information. I am not a registered worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as disability pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

	To Boards constituted by the Government of Tallin Nadu of under any other
Government sc	hemes.
Place:	Signature/Thumb impression of the registered manual worker
Date:	Name:
* Any false ded	claration/ certification will entail legal action
Note: 1. Besid	es the photograph affixed above another passport size
photogr	raph should be enclosed with the application.
2.Incon	applete applications will not be considered.
	SANCTION
I hereby s	anction, after due verification, a monthly pension of Rs/- (Rupees
-	ect from
Office Seal:	·
Place:	Labour Officer (Social Security Scheme)
Date:	district.
	ACKNOWLEDGEMENT SLIP
R	Received from Selvi/Thiru/Tmt(Address in full)
application for	sanction of disability pension.
	Labour Officer (Social Security Scheme) district with date
	Name:

Designation:

_

Office Seal:

(20) for Form-IX, the following Form shall be substituted, namely:-

"FORM – IX [See Clause 19(2) and 20(2)]

APPLICATION FOR PAYMENT OF FUNERAL EXPENSES/ NATURAL DEATH ASSISTANCE

To
The Labour Officer (Social Security Scheme)
district.

- 21. Name of the deceased registered manual worker:
- 22. Address in full (at the time of death):
- 23. Age (on the date of death):
- 24. Nature of work:
- 25. (a) Registration Number and date of initial registration.

(Original Identity card should be enclosed).

- (b) Date of last renewal, indicating the period upto which renewed
- 6. (a) Place of death
 - (b) Date of death
 - (c) Cause of death (to be indicated clearly):

 (Avoid indicating as "Natural Death")

(Death Certificate in original shall be enclosed)

- 7. (a) Name of the nominee:
- (b) Age on the nominee (in completed years):
- (c) Address of the nominee in full indicating PIN Code:
- (d) Relationship of the nominee with the deceased registered manual worker

Signature/Thumb impression of the nominee of the registered manual worker

DECLARATION OF THE NOMINEE *

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for death/funeral expenses of the deceased manual worker.

I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place:	
Date:	Signature/Thumb impression of the
	nominee of the registered manual worker

CERTIFICATE*

I hereby certify that the particular	furnished in the application are correct.
--------------------------------------	---

Place:

Date: Members, Tamil Nadu

* Any false Welfare Board / President/Secretary of the Registered Trade

declaration/ Union of the Employment concerned/Assistant Inspector certification will of Labour concerned /Any other officer permitted to give

entail legal action employment certificate.

SANCTION

^{*}Any false declaration/ certification will entail legal action

5. I hereby sanction, after due only) as assistance t	e verification, a sum of Rs. /- (Rupees to Thiru/Tmt/Selvi, nominee / nominees, for	the funeral
of Thiru/Thirumathi/Selvi	a registered manual wor	
•	e verification, a sum of Rs. /-(Rupees a/Tmt/Selvi, nominee/nominees, on the natural	death of
Office Seal:		
Place:	LabourOfficer (Social Section 2)	urity Scheme)
Date	district.	
- <u>A C K N</u>	NOWLEDGEMENT SLIP	
Received from Selvi/Thiru/T	Гmt	
Selvi/Thiru/Tmt.	-	WOLKEL
	Labour Officer (Social Security Schen district with date Name:	ne)
Office Seal:	Designation:	,,,
(21) for Form-X, the following	Form shall be substituted, namely:-	
	FORM-X	
APPLICATION FOR 1 10 TH STANDARI	[See Clause 21(3)] EDUCATIONAL ASSISTANCE FOR PASS IN D AND 12 TH STANDARD EXAMINATION.	
То	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
The Labour Officer (Social Securi	ity Scheme)	
district.		

- (ix) Name of the registered manual worker.
- (x) (a) Registration Number and date of initial registration.

(Original Identity card should be enclosed).

- (b) Date of last renewal, indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered manual worker: -

Sl. No.	Name	Relationship with the registered manual worker	Age	
(1)	(2)	(3)	(4)	

5. Details of the son or daughter for whom educational assistance is sought for:

Sl.	Name	D-4 CD: -41-	Examination	Month and	Name of the	
No.	(Son/Daughter)	Date of Birth	passed Year of Pass		School studied	
(1)	(2)	(3)	(4)	(5)	(6)	

<u>Note:-</u> Xerox copy of the Mark Sheet in support of having passed the Examination, duly attested by a Group A or Group B Officer should be enclosed.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl.	Nome	Can/Dayahtan	Course for which	Year of availing	Amount of assistance
No.	Name	Son/Daughter	assistance availed	assistance	(Rs.)
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance. I further declare that I have not availed similar assistance from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place	:
Date	:

Signature/Thumb impression of

the registered manual worker

CERTIFICATE*

I	hereb	v certif	v that the	particulars	furnished in	n the apr	olication	are correct.
-	110100	,	, muc mic	paracaland	I WI I I I I I I I I I I I I I I I I I	u uic up	JIICULIOII	are correct.

Place:

Date: Members, Tamil Nadu.....

Welfare Board /

President/Secretary of the Regd. Trade Union of the Employment concerned/ Assistant Inspector

of Labour concerned /Any other officer permitted

^{*} Any false declaration/ certification will entail legal action .

* Any false declaration/ certification will entail legal action .

	SANCTION	
educational assistance,	on, after due verification a sum of Rs/- (Ruped, in respect of *Selvan/*Selvi * son/*daughter ker (Registration No).	= :
Office Seal:		
Place:	Labour Officer (Social Security Scheme)d	listrict
Date :	•	
* Strikeout whichever	is not applicable	
	ACKNOWLEDGEMENT SLIP	
Received fro	m Thiru/Tmt./ Selvi/ (Registration No) c	laim application for
110001100110	sanction of educational assistance.	wpp .
	Labour Officer (So	cial Security Scheme)
		district with date
	Name:	
Office Seal :	Designation	n: .";

(22) for Form-XI, the following Form shall be substituted, namely:-

"FORM-XI [See Clause 21(3)]

APPLICATION FOR EDUCATIONAL ASSISTANCE FOR GIRL CHILDREN STUDYING IN $10^{\rm TH}$ STANDARD/ $11^{\rm TH}$ STANDARD/ $12^{\rm TH}$ STANDARD.

To

The Labour Officer (Social Security Scheme

..... district.

- 9. Name of the registered manual worker.
- 10. (a) Registration Number and date of initial registration (Original identity card should be enclosed).
 - (b) Date of last renewal, indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered manual

worker:

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the daughter for whom Educational Assistance is sought for:-

Sl.			Standard in	Year of	Name of the school
No.	o. Name	Date of Birth	which studying (Std. 10 th /11 th /	Study (indicate the academic	with full address
			12 th)	year)	
(1)	(2)	(3)	(4)	(5)	(6)

<u>Note</u>: - Certificate from the Head Master/Principal of the School to the effect that the daughter of the registered manual worker is studying the course, should be enclosed.

6. Number of children for whom the assistance has already been availed from the Board:

Sl.	NI	C /D 1-4	Course for which	Year of availing	Amount of
No.	Name	Son/Daughter	assistance availed	the assistance	assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker.

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I

hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place:

Date: Signature/Thumb impression of the registered manual worker.

CERTIFICATE*

^{*}Any false declaration/certification will entail legal action.

· ·	particulars furnished in the application are correct.
Place: Date:	Members, Tamil Nadu
	Welfare Board / President/Secretary of the Registered. Trade Union
Inspector	of the Employment concerned/ / Assistant
	of Labour concerned /Any other officer permitted to give employment certificate.
* Any false declaration/	certification will entail legal action
	SANCTION
•	er due verification, a sum of Rs/- (Rupeesonly) to the stance, in respect of Selvi daughter of Thiru/Tmt egistration No).
Office Seal: Place Labour Officer (Soc	ial Security Scheme)district Date
<u>A (</u>	CKNOWLEDGEMENT SLIP
	Γmt registered manual worker m application for sanction of educational assistance.
I	Labour Officer (Social Security Scheme) district with date Name:
Office Seal :	Designation: .";

(23) for Form-XII, the following Form shall be substituted, namely:-

"FORM-XII [See Clause 21(3)]

APPLICATION FOR EDUCATIONAL ASSISTANCE FOR HIGHER EDUCATION

To
The Labour Officer (Social Security Scheme)
.....district.

- 9. Name of the registered manual worker.
- 10. a) Registration Number and date of initial registration (Original identity card should be enclosed).
 - b) Date of last renewal, indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered manual worker :

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought:-

Sl. No.	Name	Date of Birth	Name of the course studying	Duration of the course	Name of the College/Institution with address in full
(1)	(2)	(3)	(4)	(5)	(6)

Note: - Certificate from the Principal of the College/Educational institution to the effect that the son or daughter of the registered manual worker is studying the course indicating whether a day scholar or hosteller should be enclosed in original.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Years of availing assistance Rs.	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

DECLARATION BY THE APPLICANT.*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefit by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes. Place :

Date
Signature/Thumb impression of the registered manual worker.

* Any false declaration/ certification will entail legal action .

	CFRT	IFICATE*
I hereby certify	that the above particulars are	
Place:	that the above particulars are	correct.
Date:	Members, Welfare Board	Tamil Nadul/
	President/Secreta	ary of the Registered. Trade Union
Inspector		of the Employment concerned/ / Assistant
•		0
		of Labour concerned /Any other officer permitted
		to give employment certificate.
*Any false dec	laration/ certification will en	ntail legal action
,	SAN	NCTION
I hereby sanct	ion, after due verification, a	sum of Rs/- (Rupees
		n respect of *Selvi/*Selvan(*son
/*daughter) of *Th	iru/*Tmt registe	red manual worker (Registration
number).	
Place:		Labour Officer, (Social Security Scheme)

* Strikeout whichever is not applicable

Date

..... district

Received from Thiru/Tmt. registered manual worker (Registration No.) claim application for sanction of educational assistance.					
	Name:			cial Security Schem district w	
Office Seal :		Desig	nation:		• ;
(24) for Form-XIII,	the following Fo	orm shall be su	ubstituted, name	ly:-	
		"FORM – X [See Clause 2			
APPLICA	ATION FOR PA	AYMENT OF	F MARRIAGE	ASSISTANCE	
To The Labour Officer (Sdistrict.	Social Security So	cheme)			
(10) Registra (Original i	e registered man ation Number an identity card sho full with PIN Co	d date of initia uld be enclose	-		
	culars of the nanual worker:	members of	the family o	f the	
	Relationship	Age	Marital Status	<u>}</u>	
(1) (2)	(3)	(4)	(5)		
(b) (i) Nan	ne of the person t	for whose mar	riage the assista	nce is sought for	

- (ii) Relationship to the registered manual worker:
- (iii) Age in completed years on the date of marriage:
- (c) Names of the couple: (i) Bride
 - (ii) Groom
- (d) Date and venue of the marriage (Marriage invitation to be enclosed in original):
- (e) Has the marriage assistance been availed earlier from the Board? If so, furnish details:

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance for the marriage of self/daughter/son.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place	:	
Date	:	Signature/Thumb impression of the
		registered manual worker
*A	nv fa	se declaration/certification will entail legal action

CERTIFICATE*

nitted

SANCTION 1

I hereby sanction, after due verification, a sum of Rs/- (Rupees	only)
towards marriage assistance of the son / daughter / self of Thiru/Tmt	, registered
manual worker of the Board (Registration number)	

Labour (Officer (Social	Security S	Scheme)
•••	•••••	•••••	•••••	district.

ACKNOWLEDGEMENT SLIP

		(Registration		
sanction of marriage			claim application for	
Ü		our Officer (Social Secu with date	rity Scheme) distr	ict
Office Seal :	Name:	Designation:	». ·	

(25) for Form-XIV, the following Form shall be substituted, namely:-

"FORM - XIV

[*See* clause 23(3)]

APPLICATION FOR PAYMENT OF MATERNITY ASSISTANCE FOR PREGNANCY OR MISCARRIAGE OR TERMINATION OF PREGNANCY BY A REGISTERED FEMALE MANUAL WORKER

1 (0
	Labour Officer (Social Security Scheme)
	district

- 9. Name of the registered female manual worker:
- 10. (a) Registration Number and date of initial registration (Original Identity card should be enclosed).
 - (b) Date of last renewal indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Particulars of surviving son/daughter of the registered female manual worker:

Sl. No.	Name	Sex	Date of Birth	Age
(1)	(2)	(3)	(4)	(5)

- 5. Month of Pregnancy* on the date of claim application:
- *(Certificate from the Civil Assistant Surgeon of the Government Hospital in support of this should be enclosed in original)
- 6. Whether the claim is for pregnancy or miscarriage of pregnancy or termination of pregnancy? If so details may be furnished. (Certificate from the Civil Assistant Surgeon of the Government Hospital to this effect should be obtained and sent in original)
- 7. Whether the assistance has already been availed by the registered female manual worker? If so, details may be furnished:

Signature/Thumb impression of the

registered manual worker.

Scheme).....district

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes. Place:

Government scheme	s. Place:	·
Date :	a.	/TI 1:
	_	ature/Thumb impression of the
*Any false declar certification will	ration/ entail legal action	registered female manual worker.
		Registrar of Births of the area concerned should be he assistance after the date of delivery.
month of pregnancy reported to the Medi the Health Officer	either before delivery ical Officer of Primary concerned, immediatel	of the registered female manual worker after the 7 th or three months after delivery, the fact should be Health Centre concerned and for Chennai district to y along with the Death Certificate in original, for eath assistance as admissible under the Scheme.
I hereby certify t		RTIFICATE* ned in the application form are correct.
Place:	3.6 1	T 11 1
Date:	Members, Welfare Bo	Tamil Nadu
*Any false declaration/		retary of the Regd. Trade Union of the
	oyment concerned// As	
will entail legal action		of Labour concerned /Any other officer permitted to give employment certificate.
	<u>S.</u>	ANCTION
(Rupees only No) *at the ti	r) to Tmtme of seventh month of	ntion, for the payment of assistance of Rs/ .registered female manual worker (Registration f pregnancy / *on delivery of child / *for miscarriage (* Strike out whichever is not applicable).
Office Seal:		Labour Officer (Social Security

ACKNOWLEDGEMENT SLIP

Received from Tmt	olication for sanction of maternity	assistance for
	Labour Officer (Social S	ecurity Scheme)
* Strikeout whichever is not applicable		district
	Name:	
Office Seal :	Designation:	· · · ·
[See Clar	M – XV use 24(3)] BURSEMENT OF COST ON	VORKER
9. Name of the registered manual worker	er.	
10. (a) Registration Number and date of i	initial registration.	
(Original identity card should be end	closed).	
(b) Date of last renewal indicating the		
period upto which renewed		
3. Address in full with PIN code:		
4. Date of purchase of spectacles and	its actual cost:	
5. Whether certificate issued by a reg	istered	
Opthalmist is enclosed in original	? :	
6. Whether cash bill is enclosed in origin	nal? :	
	Γhumb impression of the	
	registered manual	worker.

DECLARATION BY THE APPLICANT*

(i) I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be

myself.		
(ii) I also hereby decla	are that I have not received similar benefit by claim in	any other
Welfare Board or Boards co	onstituted by the Government of Tamil Nadu or under	any other
Government schemes.		
Place :		
Date:	Signature/Thumb impression of the	
	registered manual	worker.
*Any false declaration/ certif	fication will entail legal action.	
	<u>CERTIFICATE*</u>	
	e particulars furnished in the application form are correct.	
Place:		
Date:	Member Tamil Nadu	
	Welfare Board	
	President/Secretary of the Registered Trade Uni	on of the
	Employment/ sistant Inspector of Labour conce	rned
/Any		
	other officer permitted to give employment certi	ficate.
* A f-1 11	C (
*Any raise declaration/ certif	fication will entail legal action.	
	SANCTION	
	<u> </u>	
I hereby sanction, after	er due verification, the reimbursement of a sum of Rs/-	-(Rupees
•	Tmt, towards the actual cost on purchase of spe	•
himself/herself.	Time, to wards the detail cost on parenase of spe	ctacles for
mmsen/nersen.		
Office Seal:		
	The Labour Officer(Social Securit	v Scheme)
	distr	•
AC	CKNOWLEDGEMENT SLIP	
	 	
Received from Thiru/T	Tmt./ Selvi registered manual v	worker
) application for reimbursement of cost on purchase of sp	
for himself/herself.	···/ "FF	
	The Labour Officer(Social Securit	v Scheme)
	district	-
	date	
	Name:	
Office Seal:	Designation: .'	,
Office Bear.	Designation.	•
		

false, I hereby agree to refund in full the amount reimbursed towards purchase of spectacles for

NOTIFICATION -X.

In exercise of the powers conferred by section 4 read with section 3 of the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 (Tamil Nadu Act 33 of 1982), the Governor of Tamil Nadu, after consultation with the Advisory Committee, hereby makes the following amendments to the Tamil Nadu Handloom and Handloom Silk Weaving Workers Social Security and Welfare Scheme, 2006.

2. The amendments hereby made shall come into force on the 31st day of October, 2008.

AMENDMENTS

In the said Scheme, -

- (1) in clause 9,-
 - (i) in sub-clause (1), after the expression "Board", the expression "through the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
 - (ii) in sub-clause (2),-
 - (a) after the expression "such registration shall be made", the expression "in duplicate to the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
 - (b) after item (c), the following item shall be added, namely:-
 - "(d) Village Administrative Officer and for Chennai district, the Revenue Inspector concerned.";
 - (iii) for sub-clause (3), the following sub-clause shall be substituted, namely:-
 - "(3) (a) The registration of the name of the manual worker with the Board shall be made by the Labour Officer (Social Security Scheme) of the respective district after due verification by the respective Village Administrative Officer and for Chennai district, by the Revenue Inspector concerned.
 - (b) The registration under this clause is valid for a period of two years or until the registered manual worker attains the age of sixty years, whichever is earlier.";
 - (iv) in sub-clauses (4) and (5), for the expression "Board or district or local office" wherever it occurs, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
 - (v) in sub-clause (6), after item (c), the following item shall be added, namely:-
 - "(d) Where the nomination made is incomplete or becomes void, the assistance shall be released to the legal heirs of the deceased registered manual worker.";
- (2) in clause 10,-
 - (v) in sub-clauses (1) and (2), for the expression "Executive Officer", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (3) in clause 11, in sub-clause (4), after the expression "Board", the expression "and the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
- (4) in clause 14, in sub-clause (3), for the expression "Executive Officer or any other officer authorised in this behalf by the Board", the expression "Labour Officer (Social Security

Scheme) of the respective district, after due verification" shall be substituted;

- (5) in clause 15, for the expression "Chief Executive Officer or any other officer authorised by the Chief Executive Officer in this behalf", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (6) in clause 17,-
 - (i) in sub-clause (1), after the expression "Personal Accident Relief", the following expression shall be added, namely:-

"and where the accident results in death, their nominees are eligible for Personal Accident Relief.";

- (ii) in sub-clause (3),-
- (a) in item (a), for the expression "Board", occurring in three places, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (b) in item (e), for the expression "Board or any Officer authorised in this behalf", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted:
- (7) in clause 18,-
 - 13. in sub-clause (2), for the expression "Board" occurring in five places, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
 - 14. in sub-clause (3), for the expression "Rs.300 (Rupees three hundred only)", the expression "Rs.400 (Rupees four hundred only)" shall be substituted;
- (8) in clause 19,-
 - (i) in sub-clause (1), for the expression "Secretary or any other officer authorised in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district, after due verification" shall be substituted;
 - (ii) in sub-clause (2), the expression "by the Board" shall be omitted;
- (9) in clause 20, in sub-clause (1), for the expression "Secretary or any other Officer authorized in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district, after due verification" shall be substituted;
- (10) in clause 21,-
 - (xi) for sub-clause (1), the following sub-clause shall be substituted, namely:"(1) The assistance for the education of the children of a registered manual worker shall be sanctioned by the Labour Officer (Social Security Scheme) of the respective

THE TABLE.

	_		Day S	Scholar	Но	steller
Serial Number	Form	Course of Study	Boys	Girls	Boys	Girls
			Rs.	Rs.	Rs.	Rs.
1	XI	10 th Std., Studying- Girl children only		1,000		
2	X	10 th Std., passed	1,000	1,000		
3	XI	11 th Std., Studying- Girl children only		1,000		
4	XI	12 th Std. Studying – Girl children only		1,500		
5	X	12 th Std. passed	1,500	1,500		
6	XII	Studying regular Bachelor Degree course (Every academic year)	1,500	1,500	1,750	1,750
7	XII	Studying regular Post Graduate course (Every academic year)	2,000	2,000	3,000	3,000
8	XII	Studying regular Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses . (Every academic year)	2,000	2,000	4,000	4,000
9	XII	Studying regular Post Graduate Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses (Every academic year)	4,000	4,000	6,000	6,000
10	XII	Studying ITI or Polytechnic course (Every academic year)	1,000	1,000	1,200	1,200

(xii) for sub-clause (3), the following sub-clause shall be substituted, namely:-

[&]quot;(3) The application for assistances specified in serial numbers 2 and 5 in column (1) of the Table in sub-clause (1) shall be in Form X to be submitted after passing of the course, the application for assistances specified in serial numbers 6 to 10 in column (1) of the said Table shall be in Form XII to be submitted before completion and passing of the course and the application for assistances specified in serial numbers 1,3

and 4 shall be in Form XI to be submitted before completion and passing of the course.";

- (11) in clause 22, in sub-clause (1), for the expression "Secretary or any other Officer authorised in this behalf by the Board, shall on an application from a registered manual worker", the expression "Labour Officer (Social Security Scheme) of the respective district shall, on an application from a registered manual worker, after due verification" shall be substituted;
- (12) in clause 23, for sub-clause (1), the following sub-clause shall be substituted, namely:-
 - "(1) The Labour Officer (Social Security Scheme) of the respective district shall, on an application from a registered female manual worker, sanction the assistance as indicated below, after due verification of the proof produced by her of her pregnancy or delivery of child by her or the miscarriage of her pregnancy or the termination of pregnancy:-
 - (i) Pregnancy
 Rs.6,000/(Rs.3,000/- shall be paid on the seventh month of pregnancy and remaining Rs.3,000/- shall be paid on delivery of the child)
 - (ii) Miscarriage of pregnancy -Rs.3,000/-
 - (iii) Termination of pregnancy -Rs.3,000/-.";
- (13) in clause 24,-
 - (i) in sub-clause (1), for the expression "Secretary or any other officer authorised in this behalf by the Board, shall on an application From XV from a registered manual worker", the expression "Labour Officer (Social Security Scheme) of the respective district, shall on an application From XV from a registered manual worker, after due verification" shall be substituted;
 - (ii) for sub-clause (2), the following sub-clause shall be substituted, namely:-
 - "(2) The assistance shall be restricted to 65 registered manual workers per year in each district on "First come First serve" basis depending upon the applications received.";
- (14) for Form I, the following Form shall be substituted, namely:

"FORM – I [See Clause 9(2)]

APPLICATION FOR REGISTRATION

Affix Passport size photograph

The Labour Office	er (Social Security Se	cheme),			
district					
Registration No					
•	the Registration Aut	hority)			
`	C	3 /			
1. Name of the W	orker	:			
2. Name of the Fa	ther/Husband	:			
3. Date of birth					
(Enclose Xerox	Copy of evidence	Day	Month	Year	
in proof dul	y attested by a Group	p A			
or Group B	Officer)*				
4. Marital Status					
(Whether ma	arried, unmarried, wi	dow/widower):			
5. Permanent addı	ress	:			
6. Present address		:			
7. State whether s	elf-employed or emp	oloyed :			
8. If employed, fu	rnish the name and a	ddress			
of the establishm	ent and also the nam	ne and			
address of the en	mployer/contractor	:			
9. Nature of work		:			
10. Number of year	ars engaged in the en	nployment			
as on the dat	te of application	:			
11. Particulars of	the members of the f	amily			
Sl. No.	Name	Age	Relati	onship	Marital statu

SI. NO.	Name	Age	Relationship	Maritai status
(1)	(2)	(3)	(4)	(5)

- 12. (a) Whether the wife/husband is employed?:
 - (b) If so furnish details
- 13. Nomination for receipt of Natural Death/Accidental

Death Assistance :

Name and address ** Nomi	nee's Relationship		Age of the	Percentage of amount to
be				
of the nominee/nominees	with the worker		nominee	paid to each nominee
(1)	(2)	(3)	(4)	
				·

^{*(}i) Birth Certificate or (ii) School Certificate or (iii) Driving Licence or (iv) Ration Card or (v) Voter's identity card or (vi) Certificate from Registered Medical Practitioner not below the rank of Civil Surgeon of a Government Hospital in the prescribed format duly signed by the worker.

Signature or left hand thumb impression of the manual worker. (Left hand thumb impression to be attested by the Registration Authority)

^{**} Nominees shall be dependant Family Members.

I declare that I am not registered as a member in any other Manual Workers Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Signature or left hand thumb impression of the manual worker. (Left hand thumb impression to be attested by the Registration Authority)

district with date

*** A C-1 11	(4
	certification will entail legal action. CERTIFICATE OF EMPLOYMENT***.
Certified that the p	particulars furnished by Thiru/Thirumathi/ Selvis a manual worker in the application for registration are true to the
Place: Date: *** Any false declaration/	Signature and name of the person / Officer issuing the certificate certification will entail legal action
	VERIFICATION CERTIFICATE.
and	fication it is certified that the particulars furnished in the application correct and recommended for registration.
Place: Date:	Village Administrative Officer / Revenue Inspector (for Chennai district)
accepted and the applicant	fied. The recommendation of the
	Labour Officer (Social Security Scheme)district
	ACKNOWLEDGEMENT SLIP.
Received fro	application for registration as manual worker in the Tamil
Office Seal:	Labour Officer (Social Security Scheme

- (15) in Form II,-
 - under the heading "SCHEME ASSISTANCES OF THE BOARD", in serial number 8, against the entry "Pension", for the expression "300", the expression "400" shall be substituted;
 - under the heading "Details of Scheme Assistance provided to the worker", in the Table, for the expression "Name of the Beneficiary", the expression "Name of the person" shall be substituted;
 - under the heading "GENERAL INSTRUCTIONS",-
 - (a) for the expression "Assistant Inspector of Labour", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
 - (b) for the expression "Board" occurring in three places, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (16) in FORM VI, for the expression "The Secretary,", the expression "The Labour Officer (Social Security Scheme), district." shall be substituted;
- (17) for FORM VII, the following Form shall be substituted, namely.-

"FORM – VII

[See Clause 17(3)(b)] APPLICATION FOR PAYMENT OF COMPENSATION FOR ACCIDENTAL DEATH/ DISABILITY

	Officer (Social Security Scheme) district.		
16.	(a)Name of the registered manual wor	rker	:
	(b)Address (in full)	,	
	(on the date of death/ disability)	:	
	(c) Age		
	(d) Registration number and date of		
	initial registration	:	
	(e) Renewal date	:	
	(f) Occupation	:	
2.	(a)Area	:	
	(b)Place	:	
	(c)District	:	
3.	(a) Name of the nominee	:	
	(b) Relationship with the deceased regist	ered manual worker	
	(in the case of accidental death only)		
	(c) Age of the nominee	:	
	(d) Address in full (with PIN)		
	4. Whether the claimant is the registered	worker	
	himself (in the case of accidental		
	disability) or the nominee of the		
	registered manual worker?	:	
5.	Date and time of accident	:	
6.	Place of accident	:	
	(a) at the work place	:	
	(b) outside the work place	:	
	Whether intimation regarding accident has	been given	
	Form - VI as per clause 17 (3) (a)?	:	
8. V	Whether the accident resulted in death/		
	oss of limb/loss of eye sight/partial injury		
9.	In the case of accidental disability, a certi		
	from a Civil Surgeon of the Government		
	Hospital indicating the percentage of		
	disability due to accident with details sh	ould be	
	obtained and enclosed in original. :		
10 (i) Date and time of death (in the case of	accidental death):	

	 (ii) Attested copy of First Information Report. from the Station nearer to the place of accident to be enclose (iii) Post-Mortem Certificate and final Investigation Report should be sent in original (iv) Death Certificate (attested copy) should be enclosed 	
worker /	Signature/Thumb impression	of the registered manual
WOIKCI /		ee in case of death.
	DECLARATION BY THE CLAIMA	ANT*
knowleds hereby as also here or Boards schemes. Place : Date :	ereby declare that the particulars furnished above are co ge. In the event of any of the information given above is gree to refund in full the amount received as assistance to be declare that I have not received similar benefit by classic constituted by the Government of Tamil Nadu or under : : : : : : : : : : : : : : : : : : :	s ultimately found to be false, for accidental death/disability. It is aim in any other Welfare Board any other Government ed manual worker /
· Ally Ial	ise decidation/ certification will entail legal action.	
	SANCTION hereby sanction, after due verification, for payment of Reaccidental death/disability to Selvi/Thiru/Tmt	ominee of the deceased manual
towards a worker Number Place:	hereby sanction, after due verification, for payment of Reaccidental death/disability to Selvi/Thiru/Tmt	ominee of the deceased manual d worker (Registration r (Social Security Scheme)
towards a worker Number Place:	hereby sanction, after due verification, for payment of Reaccidental death/disability to Selvi/Thiru/Tmt	ominee of the deceased manual d worker (Registration
towards a worker Number	hereby sanction, after due verification, for payment of Reaccidental death/disability to Selvi/Thiru/Tmt	ominee of the deceased manual dworker (Registration r (Social Security Scheme)
towards a worker Number Place: Date: of assista worker S	hereby sanction, after due verification, for payment of Reaccidental death/disability to Selvi/Thiru/Tmt	ominee of the deceased manual deceased worker (Registration or (Social Security Scheme)

Office Seal:	Designation:	;;. ; ;
(18) for Form-VIII, the following Form shall be sub	ostituted, namely:-	

"FORM -VIII [See Clause 18(2)]

APPLICATION FOR PENSION

То	
The Labour Officer (Social Security Scheme) district.	Passport size photograph
1. Name of the Applicant : :	duly signed
2. Address in full (to which pension	
is to be sent) (with PIN code) :	
3. Registration number and date :	
(Original identity Card should be enclosed)	
4. Age and date of completion of	
60 years of age :	
5. Date of completion of continuous period of	
five years as registered manual worker of the Board :	
6. Whether the registration has been renewed regularly without any default? If so, details may be furnished :	

SI	Date of initial registration/	Period of validity of registration/renewal		
No.	subsequent renewal	From	To	
(1)	(2)	(3)	(4)	

7. Whether in receipt of any other pension?

If so, furnish complete details

Signature/Thumb impression of the

registered

manual worker.

DECLARATION*

I hereby certify that the facts mentioned above are true to the best of my knowledge and information. I am not a registered manual worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place:	Signature/Thumb impression of the registered manual worker.
Date:	Name:
*Any false	declaration/ certification will entail legal action
Note : 1. B	esides the photograph affixed above, another passport size
ph	notograph should be enclosed with the application.
17.	Incomplete applications will not be considered.
	SANCTION
	I hereby sanction, after due verification, a monthly pension of Rs/-
(Rupees	only) with effect from The amount shall be
	sent by Money Order.
Place:	Labour Officer (Social Security Scheme)
Date:	district.
_	ACKNOWLEDGEMENT SLIP
	Received from Selvi/Thiru/Tmt(Address in full)
application	for sanction of pension.
	Labour Officer (Social Security Scheme) district with date Name:
Office Sea	

(19) for Form-VIII-A, the following Form shall be substituted, namely:-

"FORM -VIII-A [See Clause 18(2)] APPLICATION FOR DISABILITY PENSION

To The Labour Officer (Social Security Sch district.	Passport size photograph duly signed			
1. Name of the applicant	:			
2. Address in full (to which pension				
is to be sent) (with PIN code)	:			
3. Registration number and date	:			
(Original identity card should be enclosed)				
4. Age and date of completion of				
60 years of age :				
5. Date of completion of continuous period of				
five years as registered manual worker of the Board :				
6. Whether the registration has been renewed				
regularly without any default? If so,				
details may be furnished :				
Sl. Date of initial registration	Period of validity of	registration/renewal		

From

(3)

To

(4)

7. Whether the applicant has become disabled due to sickness and incapacitated from normal work? (If so, a certificate by a Medical Officer not below the rank of Civil Surgeon of the Government

subsequent renewal

(2)

No.

(1)

Hospital under his name and seal should be enclosed in original)

8. Whether in receipt of any other pension?

If so, furnish complete details

Signature/Thumb impression of the registered manual worker

DECLARATION*

I hereby declare that the facts mentioned above are true to the best of my knowledge and information. I am not a registered worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as disability pension besides any other action that may be deemed fit by the appropriate authorities.

• •	by declare that I have not received similar benefits by claim in any other
	Boards constituted by the Government of Tamil Nadu or under any other
Government scher	· · · · · · · · · · · · · · · · · · ·
Place:	Signature/Thumb impression of the registered manual worker
Date:	Name:
	ation/ certification will entail legal action
	he photograph affixed above another passport size
	should be enclosed with the application.
	te applications will not be considered.
	CANICIPIONI
T.1 1	SANCTION C. I. C.
_	tion, after due verification, a monthly pension of Rs/- (Rupees/
	rom
Office Seal: Place :	Labour Officer (Social Security Schome)
	Labour Officer (Social Security Scheme)
Date:	district.
_	
	ACKNOWLEDGEMENT SLIP
Rece	ived from Selvi/Thiru/Tmt(Address in full)
application for san	ction of disability pension.
	Labour Officer (Social Security Scheme) district with date
	Name:
Office Seel.	
Office Seal:	Designation: .";

_

(20) for Form-IX, the following Form shall be substituted, namely:-

"FORM – IX

[See Clause 19(2) and 20(2)]

APPLICATION FOR PAYMENT OF FUNERAL EXPENSES/ NATURAL DEATH ASSISTANCE

(Death Certificate in original shall be enclosed)

To		
The Labour O	fficer (Social Security Scheme)	
	district.	
26.	Name of the deceased registered manual worker:	
27.	Address in full (at the time of death):	
28.	Age (on the date of death):	
29. Nature of work:		
30.	(a) Registration Number and date of initial registration.	
	(Original Identity card should be enclosed).	
	(b) Date of last renewal, indicating the	
	period upto which renewed	
6.	(a) Place of death	
(b)	Date of death	
(c)	Cause of death (to be indicated clearly):	
	(Avoid indicating as "Natural Death")	

7. (a) Name of the nominee:

Place:

- Age on the nominee (in completed years): (b)
- Address of the nominee in full indicating PIN Code: (c)
- Relationship of the nominee with the deceased (d) registered manual worker

Signature/Thumb impression of the nominee of the registered manual worker

DECLARATION OF THE NOMINEE *

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for death/funeral expenses of the deceased manual worker.

I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

*Any false declaration/ certification will entail legal action	
<u>CERTIFICATE*</u>	
I hereby certify that the particulars furnished in the application are correct.	
Place:	
Date: Members, Tamil Nadu	
* Any false Welfare Board / President/Secretary of the Registered Trade	
declaration/ Union of the Employment concerned/Assistant Inspect	or
certification will of Labour concerned /Any other officer permitted to give	ve
entail legal action employment certificate.	
<u>SANCTION</u>	
6. I hereby sanction, after due verification, a sum of Rs. /- (Rupees	
only) as assistance to Thiru/Tmt/Selvi, nominee / nominees, for the fur	ıeral
of Thiru/Thirumathi/Selvi a registered manual worker.	
2. I hereby sanction, after due verification, a sum of Rs. /-(Rupees	
only) as assistance to Thiru/Tmt/Selvi, nominee/nominees, on the natural death of	of
Thiru/Thirumathi/Selvia registered manual worker.	

Place: Date:	Labour Officer (Social Securitydistrict.	Scheme)
	KNOWLEDGEMENT SLIP	
	ru/Tmt	
sanction of Funeral/Natural dea	th assistance in respect of deceased registered material (Registration No.	
	Labour Officer (Social Security S district with date Name:	cheme)
Office Seal:	Designation:	?? .
(21) for Form-X, the following	ng Form shall be substituted, namely:-	
APPLICATION FO 10 TH STANDA	FORM-X [See Clause 21(3)] OR EDUCATIONAL ASSISTANCE FOR PASS I ARD AND 12 TH STANDARD EXAMINATION.	IN
To The Labour Officer (Social Sec district.	curity Scheme)	
 (xi) Name of the register (xii) (a) Registration Nu (Original Identity of (b) Date of last rene period upto which 3. Address (in full) wi 	amber and date of initial registration. Eard should be enclosed). Ewal, indicating the a renewed	

manual worker: -

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought for:

Sl.	Name	Date of Birth	Examination	Month and	Name of the
No.	(Son/Daughter)	Date of Birth	passed	Year of Pass	School studied
(1)	(2)	(3)	(4)	(5)	(6)

<u>Note:-</u> Xerox copy of the Mark Sheet in support of having passed the Examination, duly attested by a Group A or Group B Officer should be enclosed.

6. Number of children for whom the educational assistance has already been availed from the Board

S1.	Nama	Son/Daughter	Course for which	Year of availing	Amount of assistance
No.	Name Son/Daughter		assistance availed	assistance	(Rs.)
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance. I further declare that I have not availed similar assistance from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place:	
Date:	Signature/Thumb impression of
	the registered manual worker

CERTIFICATE*

I hereby certify that the particulars furnished in	Members,
the	Employment concerned/ Assistant Inspector
application are correct.	of Labour concerned /Any other officer permitted to give employment certificate.
e:	

Place Date:

^{*} Any false declaration/ certification will entail legal action .

^{*} Any false declaration/ certification will entail legal action .

•	after due verification a sum of Rs/- (Rupees respect of *Selvan/*Selvi * son/*daughter of *Thiru (Registration No).	• /
Office Seal: Place: Labo Date: * Strikeout whichever is no	our Officer (Social Security Scheme)district ot applicable	
	A C K N O W L E D G E M E N T S L I P Thiru/Tmt./ Selvi/ (Registration No) claim appl sanction of educational assistance . Labour Officer (Social Secur dist	
Office Seal :	Name: Designation:	"·····································
(22) for Form-XI, the fo	"FORM-XI [See Clause 21(3)]	
	OR EDUCATIONAL ASSISTANCE FOR GIRL CHI	
	STUDYING STANDARD/ 11 TH STANDARD / 12 TH STANDARD	•
To The Labour Officer (Social	al Security Scheme	
district. 11. Name of the reg	gistered manual worker. Number and date of initial registration	

(Original identity card should be enclosed).

- (b) Date of last renewal, indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered manual

worker:

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the daughter for whom Educational Assistance is sought for:-

Sl. No.	Name	Date of Birth	Standard in which studying (Std. 10 th /11 th / 12 th)	Year of Study (indicate the academic year)	Name of the school with full address
(1)	(2)	(3)	(4)	(5)	(6)

<u>Note</u>: - Certificate from the Head Master/Principal of the School to the effect that the daughter of the registered manual worker is studying the course, should be enclosed.

6. Number of children for whom the assistance has already been availed from the Board:

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing the assistance	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker.

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I

hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar Welfare Board or Boards constituted by the Government of Government Schemes.

benefits by claim from any other Tamil Nadu or under any other

Place:

Date: Signature/Thumb impression of the registered manual worker.

CERTIFICATE*

I hereby certify that the particulars furnished in the

application are correct. Members, Tamil Nadu

Place: Welfare Board /

Date: President/Secretary of the Registered. Trade Union

of the Employment concerned/ / Assistant

Inspector

of Labour concerned /Any other officer permitted

^{*}Any false declaration/ certification will entail legal action.

 $\ensuremath{^*}$ Any false declaration/ certification will entail legal action ..

SANCTION

claimant as education	tion, after due verification, a sum of Rs/ nal assistance, in respect of Selvi daugl orker (Registration No).	` 1
Office Seal:		
Place Labour Office	er (Social Security Scheme)distr	rict Date
	ACKNOWLEDGEMENT S	LIP
	Thiru/Tmt region), claim application for sanction of education	
	Labour Officer (Social Security School Name:	eme) district with date
Office Seal:	Designation:	"· · · ·

"FORM-XII [See Clause 21(3)]

APPLICATION FOR EDUCATIONAL ASSISTANCE FOR HIGHER EDUCATION

To
The Labour Officer (Social Security Scheme)
district.

- 11. Name of the registered manual worker.
- 12. a) Registration Number and date of initial registration (Original identity card should be enclosed).
 - b) Date of last renewal, indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered

manual worker:

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought:-

Sl. No.	Name	Date of Birth	Name of the course studying	Duration of the course	Name of the College/Institution with address in full
(1)	(2)	(3)	(4)	(5)	(6)

Note: - Certificate from the Principal of the College/Educational institution to the effect that the son or daughter of the registered manual worker is studying the course indicating whether a day scholar or hosteller should be enclosed in original.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Years of availing assistance Rs.	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/ Thumb impression of the registered manual worker.

DECLARATION BY THE APPLICANT.*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefit by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other

Received from Thiru/Tmt. registered manual worker (Registration No.) claim application for sanction of educational assistance.

> Labour Officer (Social Security Scheme) district with date

Government Schemes. Place: Date Signature/Thumb impression of the registered manual worker. * Any false declaration/certification will entail legal action. **CERTIFICATE*** I hereby certify that the above particulars are Members, Tamil Nadu..... correct. Welfare Board / Place: President/Secretary of the Registered. Trade Union Date: of the Employment concerned/ / Assistant Inspector of Labour concerned /Any other officer permitted to give employment certificate. *Any false declaration/ certification will entail legal action ... **SANCTION** I hereby sanction, after due verification, a sum of Rs...../- (Rupeesonly) towards educational assistance in respect of *Selvi/*Selvan(*son /*daughter) of *Thiru/*Tmt..... registered manual worker (Registration number.....). Place: Labour Officer, (Social Security Scheme) district Date * Strikeout whichever is not applicable ACKNOWLEDGEMENT SLIP

Office Seal: Designation: .";

(24) for Form-XIII, the following Form shall be substituted, namely:-

"FORM – XIII [See Clause 22(4)]

APPLICATION FOR PAYMENT OF MARRIAGE ASSISTANCE

To
The Labour Officer (Social Security Scheme)
.....district.

- (11) Name of the registered manual worker.
- (12) Registration Number and date of initial registration (Original identity card should be enclosed).
- 3. Address in full with PIN Code:
- 4. (a)Particulars of the members of the family of the registered manual worker:

Sl No.	Name R	Relationship	Age	Marital Status	
(1)	. (2)	(3)	(4)	(5)	

- (b) (i) Name of the person for whose marriage the assistance is sought for
 - (ii) Relationship to the registered manual worker:
 - (iii) Age in completed years on the date of marriage:
 - (c) Names of the couple: (i) Bride
 - (ii) Groom
 - (d) Date and venue of the marriage

(Marriage invitation to be enclosed in original):

(e) Has the marriage assistance been availed earlier from the Board? If so, furnish details:

Signature/Thumb impression of the registered manual worker.

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance for the marriage of self/daughter/son.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Government Sch	emes.
Place :	
Date :	Signature/Thumb impression of the
	registered manual worker.
*Any false de	eclaration/ certification will entail legal action
	CERTIFICATE*
I hereby certi	ify that the particulars furnished in the application form are correct.
Place:	
Date:	Members, Tamil Nadu
*Any false	Welfare Board/
declaration/	President/Secretary of the Regd. Trade Union of the
certification	Employment concerned// Assistant Inspector
will entail	of Labour concerned /Any other officer permitted
legal action	to give employment certificate.
	SANCTION
I hereby	sanction, after due verification, a sum of Rs/- (Rupees only)
	ge assistance of the son / daughter / self of Thiru/Tmt, registered
to wards marriag	manual worker of the Board (Registration number)
	manaur womer or the Board (registration number)
	Labour Officer (Social Security Scheme)
	district.
	A C K N O W L E D G E M E N T S L I P
Received f	rom Thiru/Tmt
	claim application for
sanction of marri	

Labour Officer (Social Security Scheme)...... district

with date

	-			
N	9	m	Δ	٠
l N	(1			ı

Office Seal : Designation: .";

(25) for Form-XIV, the following Form shall be substituted, namely:-

"FORM - XIV

[*See* clause 23(3)]

APPLICATION FOR PAYMENT OF MATERNITY ASSISTANCE FOR PREGNANCY OR MISCARRIAGE OR TERMINATION OF PREGNANCY BY A REGISTERED FEMALE MANUAL WORKER

To

Labour Officer (Social Security Scheme)district

- 11. Name of the registered female manual worker:
- 12. (a) Registration Number and date of initial registration (Original Identity card should be enclosed).
 - (b) Date of last renewal indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Particulars of surviving son/daughter of the registered female manual worker:

Sl. No.	Name	Sex	Date of Birth	Age
(1)	(2)	(3)	(4)	(5)

- 5. Month of Pregnancy* on the date of claim application:
- *(Certificate from the Civil Assistant Surgeon of the Government Hospital in support of this should be enclosed in original)
- 6. Whether the claim is for pregnancy or miscarriage of pregnancy or termination of pregnancy? If so details may be furnished. (Certificate from the Civil Assistant Surgeon of the Government Hospital to this effect should be obtained and sent in original)
- 7. Whether the assistance has already been availed by the registered female manual worker? If so, details may be furnished:

Signature/Thumb impression of the

registered manual worker.

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance.

Welfare Board or Boards constituted Government schemes. Place :	by the Government of Tamil Nadu or under any other		
Date :			
	Signature/Thumb impression of the		
*Any false declaration/ certification will entail legal action	registered female manual worker. on		
	m the Registrar of Births of the area concerned should be ase of the assistance after the date of delivery.		
month of pregnancy either before of reported to the Medical Officer of P the Health Officer concerned, imm	demise of the registered female manual worker after the 7 th delivery or three months after delivery, the fact should be rimary Health Centre concerned and for Chennai district to rediately along with the Death Certificate in original, for atural death assistance as admissible under the Scheme.		
I hereby certify that the particulars Place:	CERTIFICATE* s furnished in the application form are correct.		
	ers, Tamil Nadu		
*Any false Welt	fare Board/		
	nt/Secretary of the Regd. Trade Union of the ed// Assistant Inspector		
will entail legal action	of Labour concerned /Any other officer permitted to give employment certificate.		
	SANCTION		
(Rupees only) to Tmt No) *at the time of seventh m	verification, for the payment of assistance of Rs/registered female manual worker (Registration onth of pregnancy / *on delivery of child / *for miscarriage ancy (* Strike out whichever is not applicable).		
Office Seal:	Labour Officer (Social Security Scheme)district		
<u>A C K :</u>	NOWLEDGEMENT SLIP		

Received from Tmt. registered female manual

worker (Registration Number.....) claim application for sanction of maternity assistance for

I also hereby declare that I have not received similar benefits by claim in any other

*pregnancy/*miscarriage of pregnancy /*termination of pregnancy in respect of the registered female manual worker .				
* Strikeout whichever is not applicable	Labour Officer (Social Security Scheme)district			
	Name:			
Office Seal:	Designation: .";			
(26) for Form-XV, the following Form shall be su "FORM – X" [See Clause 24 APPLICATION FOR REIMBUR	XV 4(3)]			
PURCHASE OF SPECTACLES BY THE RI		VORKER		
To The Labour Officer(Social Security Scheme) district.				
11. Name of the registered manual worker.				
12. (a) Registration Number and date of initial	registration.			
(Original identity card should be enclosed).				
(b) Date of last renewal indicating the				
period upto which renewed				
3. Address in full with PIN code:				
4. Date of purchase of spectacles and its actual cost:				
5. Whether certificate issued by a registere				
Opthalmist is enclosed in original?	:			
6. Whether cash bill is enclosed in original?	:			
Ç	b impression of the			
~ .g	registered manual	worker.		
DECLARATION BY				
(i) I hereby declare that the particulars furnish my knowledge. In the event of any of the information I hereby agree to refund in full the amount reimbursed	given above is ultimately for	ound to be false,		

(ii) I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place	:	
Date:		Signature/Thumb impression of the

Place:	
D	
Date: Member Tamil Nadu	
Welfare Board	
President/Secretary of the Registered Trade Unio	n of the
Employment/ sistant Inspector of Labour concern	ned
/Any	
other officer permitted to give employment certification	cate.
*Any false declaration/ certification will entail legal action .	
SANCTION	
I hereby sanction, after due verification, the reimbursement of a sum of Rs/-(only) to Selvi/Thiru/Tmt, towards the actual cost on purchase of specihimself/herself.	-
Office Seal:	
The Labour Officer(Social Security	,
ACKNOWLEDGEMENT SLIP	
Received from Thiru/Tmt./ Selvi registered manual w (Registration No) application for reimbursement of cost on purchase of spector himself/herself.	
The Labour Officer(Social Security district	,
Name:	
mane'	

NOTIFICATION -XI.

In exercise of the powers conferred by section 4 read with section 3 of the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 (Tamil Nadu Act 33 of 1982), the Governor of Tamil Nadu, after consultation with the Advisory Committee, hereby makes the following amendments to the Tamil Nadu Footwear and Leather Goods Manufactory and Tannery Workers Social Security and Welfare Scheme, 2006.

2. The amendments hereby made shall come into force on the 31st day of October, 2008.

AMENDMENTS

In the said Scheme, -

- (1) in clause 9,-
 - (i) in sub-clause (1), after the expression "Board", the expression "through the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
 - (ii) in sub-clause (2),-
 - (a) after the expression "such registration shall be made", the expression "in duplicate to

the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;

- (b) after item (c), the following item shall be added, namely:-
 - "(d) Village Administrative Officer and for Chennai district, the Revenue Inspector concerned.";
- (iii) for sub-clause (3), the following sub-clause shall be substituted, namely:-
- "(3) (a) The registration of the name of the manual worker with the Board shall be made by the Labour Officer (Social Security Scheme) of the respective district after due verification by the respective Village Administrative Officer and for Chennai district, by the Revenue Inspector concerned.
- (b) The registration under this clause is valid for a period of two years or until the registered manual worker attains the age of sixty years, whichever is earlier.";
- (iv) in sub-clauses (4) and (5), for the expression "Board or district or local office" wherever it occurs, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
 - (v) in sub-clause (6), after item (c), the following item shall be added, namely:-
- "(d) Where the nomination made is incomplete or becomes void, the assistance shall be released to the legal heirs of the deceased registered manual worker.";
- (2) in clause 10,-
 - (vi)in sub-clauses (1) and (2), for the expression "Executive Officer", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted:
- (3) in clause 11, in sub-clause (4), after the expression "Board", the expression "and the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
- (4) in clause 14, in sub-clause (3), for the expression "Executive Officer or any other officer authorised in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district, after due verification" shall be substituted;
- (5) in clause 15, for the expression "Chief Executive Officer or any other officer authorised by the Chief Executive Officer in this behalf", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (6) in clause 17,-

(i) in sub-clause (1), after the expression "Personal Accident Relief", the following expression shall be added, namely:-

"and where the accident results in death, their nominees are eligible for Personal Accident Relief.";

- (ii) in sub-clause (3),-
- (a) in item (a), for the expression "Board", occurring in three places, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (b) in item (e), for the expression "Board or any Officer authorised in this behalf", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (7) in clause 18,-
 - 15. in sub-clause (2), for the expression "Board" occurring in five places, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted:
 - 16. in sub-clause (3), for the expression "Rs.300 (Rupees three hundred only)", the expression "Rs.400 (Rupees four hundred only)" shall be substituted;
- (8) in clause 19,-
 - (i) in sub-clause (1), for the expression "Secretary or any other officer authorised in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district, after due verification" shall be substituted;
 - (ii) in sub-clause (2), the expression "by the Board" shall be omitted;
- (9) in clause 20, in sub-clause (1), for the expression "Secretary or any other Officer authorized in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district, after due verification" shall be substituted;
- (10) in clause 21,-
 - (xiii) for sub-clause (1), the following sub-clause shall be substituted, namely:-
 - "(1) The assistance for the education of the children of a registered manual worker shall be sanctioned by the Labour Officer (Social Security Scheme) of the respective district, after due verification, as specified in the Table below:-

THE TABLE.

Serial	Form	Course of Study	Day S	Scholar	Но	steller
Number	FOIII	Course of Study	Boys	Girls	Boys	Girls
			Rs.	Rs.	Rs.	Rs.

1	XI	10 th Std., Studying- Girl children only		1,000		
2	X	10 th Std., passed	1,000	1,000		
3	XI	11 th Std., Studying- Girl children only		1,000		
4	XI	12 th Std. Studying – Girl children only		1,500		
5	X	12 th Std. passed	1,500	1,500		
6	XII	Studying regular Bachelor Degree course (Every academic year)	1,500	1,500	1,750	1,750
7	XII	Studying regular Post Graduate course (Every academic year)	2,000	2,000	3,000	3,000
8	XII	Studying regular Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses . (Every academic year)	2,000	2,000	4,000	4,000
9	XII	Studying regular Post Graduate Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses (Every academic year)	4,000	4,000	6,000	6,000
10	XII	Studying ITI or Polytechnic course (Every academic year)	1,000	1,000	1,200	1,200

(xiv) for sub-clause (3), the following sub-clause shall be substituted, namely:-

"(3) The application for assistances specified in serial numbers 2 and 5 in column (1) of the Table in sub-clause (1) shall be in Form X to be submitted after passing of the course, the application for assistances specified in serial numbers 6 to 10 in column (1) of the said Table shall be in Form XII to be submitted before completion and passing of the course and the application for assistances specified in serial numbers 1,3 and 4 shall be in Form XI to be submitted before completion and passing of the course.";

(11) in clause 22, in sub-clause (1), for the expression "Secretary or any other Officer authorised in this behalf by the Board, shall on an application from a registered manual worker", the expression "Labour Officer (Social Security Scheme) of the respective district shall, on an application from a registered manual worker, after due verification" shall be substituted;

.".

- (12) in clause 23, for sub-clause (1), the following sub-clause shall be substituted, namely:-
 - "(1) The Labour Officer (Social Security Scheme) of the respective district shall, on an application from a registered female manual worker, sanction the assistance as indicated below, after due verification of the proof produced by her of her pregnancy or delivery of child by her or the miscarriage of her pregnancy or the termination of pregnancy:-
 - (i) Pregnancy

 Rs.6,000/(Rs.3,000/- shall be paid on the seventh month of pregnancy and remaining Rs.3,000/- shall be paid on delivery of the child)
 - (ii) Miscarriage of pregnancy -Rs.3,000/-
 - (iii) Termination of pregnancy -Rs.3,000/-.";
- (13) in clause 24,-

To

- (i) in sub-clause (1), for the expression "Secretary or any other officer authorised in this behalf by the Board, shall on an application From XV from a registered manual worker", the expression "Labour Officer (Social Security Scheme) of the respective district, shall on an application From XV from a registered manual worker, after due verification" shall be substituted;
 - (ii) for sub-clause (2), the following sub-clause shall be substituted, namely:-
- "(2) The assistance shall be restricted to 65 registered manual workers per year in each district on "First come First serve" basis depending upon the applications received.";
- (14) for Form I, the following Form shall be substituted, namely:-

"FORM – I [See Clause 9(2)]

APPLICATION FOR REGISTRATION

The Labour Officer (Social Security Scheme), district.	,	
Registration No		
(to be filled in by the Registration Authority)		
1. Name of the Worker	:	
2. Name of the Father/Husband		:
3. Date of birth		

Affix Passport size photograph (Enclose Xerox Copy of evidence Day Month Year in proof duly attested by a Group A or Group B Officer)*

4. Marital Status

(Whether married, unmarried, widow/widower):

5. Permanent address :

6. Present address :

7. State whether self-employed or employed :

8. If employed, furnish the name and address of the establishment and also the name and address of the employer/contractor

9. Nature of work :

10. Number of years engaged in the employment as on the date of application

11. Particulars of the members of the family

Sl. No.	Name	Age	Relationship	Marital status
(1)	(2)	(3)	(4)	(5)

12. (a) Whether the wife/husband is employed?:

(b) If so furnish details

13. Nomination for receipt of Natural Death/Accidental

Death Assistance :

Name and address ** Nominee's Relationship Age of the Percentage of amount to be of the nominee/nominees with the worker nominee (1) (2) (3) (4)

Signature or left hand thumb impression of the manual worker. (Left hand thumb impression to be attested by the Registration Authority)

DECLARATION BY THE APPLICANT.***

I declare that I am not registered as a member in any other Manual Workers Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Signature or left hand thumb impression of the manual worker. (Left hand thumb impression to be attested by the Registration Authority)

^{*(}i) Birth Certificate or (ii) School Certificate or (iii) Driving Licence or (iv) Ration Card or (v) Voter's identity card or (vi) Certificate from Registered Medical Practitioner not below the rank of Civil Surgeon of a Government Hospital in the prescribed format duly signed by the worker.

^{**} Nominees shall be dependant Family Members.

CERTIFICATE OF EMPLOYMENT*.**

	ment as a m	ars furnished by Thiru/Thirumathi/ Selvianual worker in the application for registration are true to the
Place: Date:		
ታታታ A C1 1 1	· / · · · · · · · · · · · · · · · · · ·	Signature and name of the person / Officer issuing the certificate
*** Any false decla	ration/ certifi	cation will entail legal action
	<u>VI</u>	CRIFICATION CERTIFICATE.
After di	ue verificatio	n it is certified that the particulars furnished in the application
and the proof of age are	found corre	et and recommended for registration.
Place:		Village Administrative Officer /
Date:		Revenue Inspector (for Chennai district)
accepted and the app	plicant is reg	The recommendation of the
	A C K	NOWLEDGEMENT SLIP.
D : 1		
Received Nadu		Selvi/Thiru/Tmtresiding at application for registration as manual worker in the Tamil rd.
Office Seal:		Labour Officer (Social Security Scheme
)		district with date
		Name:
		Designation: "

- (15) in Form II,-
 - under the heading "SCHEME ASSISTANCES OF THE BOARD", in serial number 8, against the entry "Pension", for the expression "300", the expression

- "400" shall be substituted;
- under the heading "Details of Scheme Assistance provided to the worker", in the Table, for the expression "Name of the Beneficiary", the expression "Name of the person" shall be substituted;
- under the heading "GENERAL INSTRUCTIONS",-
- (a) for the expression "Assistant Inspector of Labour", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (b) for the expression "Board" occurring in three places, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (16) in FORM VI, for the expression "The Secretary,", the expression "The Labour Officer (Social Security Scheme), district." shall be substituted;
- (17) for FORM VII, the following Form shall be substituted, namely.-

APPLICATION FOR PAYMENT OF COMPENSATION FOR ACCIDENTAL DEATH/ DISABILITY

Го	MOODEN THE BENT	
	r Officer (Social Security Scheme)	
	district.	
18.	(a)Name of the registered manual wo	orker :
	(h) Addragg (in full)	J
	(b)Address (in full) (on the date of death/ disability)	
	(c) Age	·
	(d) Registration number and date of	
	initial registration	
	(e) Renewal date	•
	(f) Occupation	· •
2.	(a)Area	:
	(b)Place	:
	(c)District	:
3.	(a) Name of the nominee	:
	(b) Relationship with the deceased regist	tered manual worker
	(in the case of accidental death only)	
	(c) Age of the nominee	:
	(d) Address in full (with PIN)	
	4. Whether the claimant is the registered	worker
	himself (in the case of accidental	
	disability) or the nominee of the	
	registered manual worker?	:
5.	Date and time of accident	:
6.	Place of accident	:
	(a) at the work place	:
	(b) outside the work place	:
7. V	Whether intimation regarding accident has	s been given
	n Form - VI as per clause 17 (3) (a)?	:
	Whether the accident resulted in death/	
	oss of limb/loss of eye sight/partial injury	
9.	In the case of accidental disability, a cert	
	from a Civil Surgeon of the Government	t
	Hospital indicating the percentage of	
	disability due to accident with details sh	nould be
	obtained and enclosed in original.	:
	(i) Date and time of death (in the case of	
((ii) Attested copy of First Information Re	<u>=</u>
	Station nearer to the place of accident	to be enclosed:
	(iii) Post-Mortem Certificate and final	
	Investigation Report should be sent i	=
	(iv) Death Certificate (attested copy) sho	ould be
	enclosed	:

DECLARATION BY THE CLAIMANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for accidental death/disability. I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place	•
1 lacc	•

Date : Signature/Thumb impression of the registered manual worker /

nominee in case of death.

* Any false declaration/ certification will entail legal action.

SANCTION

I hereby sanction, after due verification, for towards accidental death/disability to Selvi/Third worker (Registration Number) himself.	n/Tmt nominee of the dec	eased manual
Place:	Labour Officer (Social Security	y Scheme)
Date:		district.
	(Affix Rubber Star	mp)
A C K N O W L E D C Received from Selvi/Thiru/Tmt		
of assistance towards accidental death/disabili worker Selvi/Thiru/Tmt.	ty in respect of deceased reg	istered manual
manual worker Selvi/Thiru/Tmt	(Registration Number).
dist	our Officer (Social Security Scher rict with date Name:	,
Office Seal:	Designation: .	,

(18) for Form-VIII, the following Form shall be substituted, namely:-

"FORM -VIII [See Clause 18(2)]

APPLICATION FOR PENSION

То	
The Labour Officer (Social Security Scheme)	Passport size
district.	photograph
1. Name of the Applicant : :	duly signed
2. Address in full (to which pension	
is to be sent) (with PIN code) :	
3. Registration number and date :	
(Original identity Card should be enclosed)	
4. Age and date of completion of	
60 years of age :	
5. Date of completion of continuous period of	
five years as registered manual worker of the Board :	
6. Whether the registration has been renewed	
regularly without any default? If so,	
details may be furnished :	

SI	Date of initial registration/	Period of validity of	f registration/renewal
No.	subsequent renewal	From	То
(1)	(2)	(3)	(4)

7. Whether in receipt of any other pension?

If so, furnish complete details

Signature/Thumb impression of the

registered

manual worker.

DECLARATION*

I hereby certify that the facts mentioned above are true to the best of my knowledge and information. I am not a registered manual worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place:	Signature/Thumb impression o	f the registered manual wor	ker.
Date:	Name:		
*Any false decl	aration/ certification will entail legal ac	tion	
Note: 1. Beside	es the photograph affixed above, anothe	r passport size	
photog	raph should be enclosed with the applic	ation.	
19.	ncomplete applications will not be cons	sidered.	
	SANCTION	1	
I	hereby sanction, after due verification,	a monthly pension of Rs	/-
(Rupees	only) with effect from	The am	nount shall be
	sent by Money O	rder.	
Place:	Labour Officer	Labour Officer (Social Security Scheme)	
Date:		district.	
_	ACKNOWLEDGEM	IENT SLIP	
R	eceived from Selvi/Thiru/Tmt	(Address in full	l)
		(Registration N	lo
application for	sanction of pension.		,
	Labour Officer (Social S	ecurity Scheme) distr	rict with date
	`		
	`	Name:	

(19) for Form-VIII-A, the following Form shall be substituted, namely:-

"FORM -VIII-A [See Clause 18(2)] APPLICATION FOR DISABILITY PENSION

To The Labour Officer (Social Security Scheme) district.	Passport size photograph duly signed
1. Name of the applicant :	
2. Address in full (to which pension	
is to be sent) (with PIN code) :	
3. Registration number and date :	
(Original identity card should be enclosed)	
4. Age and date of completion of	
60 years of age :	
5. Date of completion of continuous period of	
five years as registered manual worker of the Board :	
6. Whether the registration has been renewed	
regularly without any default? If so,	
details may be furnished :	

Sl.	Date of initial registration/	Period of validity of registration/renewal		
No.	subsequent renewal	From	То	
(1)	(2)	(3)	(4)	

7. Whether the applicant has become disabled due to sickness and incapacitated from normal work? (If so, a certificate by a Medical Officer not below the rank of Civil Surgeon of the Government Hospital under his name and seal should be enclosed in original)

8. Whether in receipt of any other pension?

If so, furnish complete details

Signature/Thumb impression of the registered

manual worker

DECLARATION*

I hereby declare that the facts mentioned above are true to the best of my knowledge and information. I am not a registered worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as disability pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Government schem	S.
Place:	Signature/Thumb impression of the registered manual worker
Date:	Name:
* Any false declara	ion/ certification will entail legal action
Note: 1. Besides th	photograph affixed above another passport size
photograph	should be enclosed with the application.
2.Incomplet	applications will not be considered.
	SANCTION
I hereby sancti	on, after due verification, a monthly pension of Rs/- (Rupees
only) with effect from	The amount shall be sent by Money Order.
Office Seal:	
Place:	Labour Officer (Social Security Scheme)
Date:	district.
	ACKNOWLEDGEMENT SLIP red from Selvi/Thiru/Tmt(Address in full)
	ion of disability pension.
	Labour Officer (Social Security Scheme) district with dat Name:
Office Seal:	Designation: .";

_

(20) for Form-IX, the following Form shall be substituted, namely:-

"FORM - IX

[See Clause 19(2) and 20(2)]

APPLICATION FOR PAYMENT OF FUNERAL EXPENSES/ NATURAL DEATH ASSISTANCE

To
The Labour Officer (Social Security Scheme)
......district.

- 31. Name of the deceased registered manual worker:
- 32. Address in full (at the time of death):
- 33. Age (on the date of death):
- 34. Nature of work:
- 35. (a) Registration Number and date of initial registration. (Original Identity card should be enclosed).
 - (b) Date of last renewal, indicating the period upto which renewed
- 6. (a) Place of death
 - (b) Date of death
 - (c) Cause of death (to be indicated clearly):
 (Avoid indicating as "Natural Death")

(Death Certificate in original shall be enclosed)

- 7. (a) Name of the nominee:
- (b) Age on the nominee (in completed years):
- (c) Address of the nominee in full indicating PIN Code:
- (d) Relationship of the nominee with the deceased registered manual worker

DECLARATION OF THE NOMINEE *

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for death/funeral expenses of the deceased manual worker.

I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place:			
Date:		_	re/Thumb impression of the the registered manual worker
*Any false decla	aration/ certification will entail leg	al action	
	<u>CERTIFICAT</u>	<u>ΓΕ*</u>	
I hereby certify Place:	that the particulars furnished in the	he application	are correct.
Date:	Members, Tamil Nadu	ı	
* Any false	Welfare Board / President/Secre	etary of the Reg	gistered Trade
declaration/			erned/Assistant Inspector
certification will			officer permitted to give
entail legal action	employment certifi	icate.	
only of Thiru/Thi 2. I hereby sar only) as assi	ction, after due verification, a sum as assistance to Thiru/Tmt/Selvi. rumathi/Selvi action, after due verification, a sum stance to Thiru/Tmt/Selvi, no elvi	, nomine a regist n of Rs.	stered manual worker. /-(Rupees
Office Seal:		Lahour	Officer (Social Security Scheme
Place :)	Carried Courses Security School
Date	:	••••••	district.

ACKNOWLEDGEMENT SLIP

Received from Selvi/Thiru/Tmt		
sanction of Funeral/Natural death assistance in r		
Selvi/Thiru/Tmt. (Re	egistration No.	
L	abour Officer (Social Securi	ty Scheme)
	district with date	•
	Name:	
Office Seal:	Designation:	,,. ,

(21) for Form-X, the following Form shall be substituted, namely:-

FORM-X

$[See~Clause~21(3)] \\ APPLICATION~FOR~EDUCATIONAL~ASSISTANCE~FOR~PASS~IN~10^{TH}~STANDARD~AND~12^{TH}~STANDARD~EXAMINATION.$

To
The Labour Officer (Social Security Scheme)
..... district.

- (xiii) Name of the registered manual worker.
- (xiv) (a) Registration Number and date of initial registration.

(Original Identity card should be enclosed).

- (b) Date of last renewal, indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered manual worker: -

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son of daughter for whom educational assistance is sought for:							
51.	Name	Date of Birth	Examination	Month and	Name of the		

No.	(Son/Daughter)		passed	Year of Pass	School studied
(1)	(2)	(3)	(4)	(5)	(6)

<u>Note:-</u> Xerox copy of the Mark Sheet in support of having passed the Examination, duly attested by a Group A or Group B Officer should be enclosed.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl.	Nome	Con/Dougleton	Course for which	Year of availing	Amount of assistance
No.	Name	Son/Daughter	assistance availed	assistance	(Rs.)
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance. I further declare that I have not availed similar assistance from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Government of Tamil Nadu or under any other Government schemes.
Place:
Date: Signature/Thumb impression of
* Any false declaration/ certification will entail legal action . the registered manual worker
CERTIFICATE*
I hereby certify that the particulars furnished in the application are correct.
Place: Date:
Members, Tamil Nadu
President/Secretary of the Regd. Trade Union of the Employment concerned/ Assistant Inspector
of Labour concerned /Any other officer permitted to give employment certificate.
* Any false declaration/ certification will entail legal action .
SANCTION
I hereby sanction, after due verification a sum of Rs/- (Rupees only) as educational assistance, in respect of *Selvan/*Selvi * son/*daughter of *Thiru/Tmt registered manual worker (Registration No).
Office Seal: Place: Labour Officer (Social Security Scheme)district Date:

* Strikeout whichever is not applicable ACKNOWLEDGEMENT SLIP Received from Thiru/Tmt./ Selvi/ (Registration No......) claim application for sanction of educational assistance. Labour Officer (Social Security Scheme) district with date Name: Office Seal: Designation: (22)for Form-XI, the following Form shall be substituted, namely:-"FORM-XI [See Clause 21(3)] APPLICATION FOR EDUCATIONAL ASSISTANCE FOR GIRL CHILDREN To The Labour Officer (Social Security Scheme district. 13. Name of the registered manual worker. 14. (a) Registration Number and date of initial registration (Original identity card should be enclosed). (b) Date of last renewal, indicating the period upto which renewed 3. Address (in full) with PIN Code: 4. Details of family members of the registered manual

Relationship with the registered

Age

worker:

Name

S1.

No.		manual worker	
(1)	(2)	(3)	(4)

5. Details of the daughter for whom Educational Assistance is sought for:-

Sl. No.	Name	Date of Birth	Standard in which studying (Std. $10^{tn}/11^{tn}/11^{tn}$)	Year of Study (indicate the academic year)	Name of the school with full address
(1)	(2)	(3)	(4)	(5)	(6)

<u>Note</u>: - Certificate from the Head Master/Principal of the School to the effect that the daughter of the registered manual worker is studying the course, should be enclosed.

6. Number of children for whom the assistance has already been availed from the Board:

Sl.	Nome	Con/Dougleton	Course for which	Year of availing	Amount of
No.	Name	Son/Daughter	assistance availed	the assistance	assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker.

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I

hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar Welfare Board or Boards constituted by the Government of Government Schemes.

benefits by claim from any other Tamil Nadu or under any other

Place:

Date:

Signature/Thumb impression of the registered manual worker.

CERTIFICATE*

I hereby certify that the particulars furnished in the

Place: Welfare Board /

Date: President/Secretary of the Registered. Trade Union

of the Employment concerned/ / Assistant

Inspector

of Labour concerned /Any other officer permitted to give employment certificate.

^{*}Any false declaration/ certification will entail legal action .

^{*} Any false declaration/ certification will entail legal action ...

I hereby sanction, after due verification, a sum of Rs/- (Rupeesonly) to the claimant as educational assistance, in respect of Selvi daughter of Thiru/Tmt registered manual worker (Registration No).					
Office Seal: Place Labour Officer (Social Security Scheme)district Date					
ACKNO	OWLEDGEMENT SL	<u>IP</u>			
Received from Thiru/Tmt (Registration No), claim applie	registe cation for sanction of education				
Labour (Name:	Officer (Social Security Scheme.	e) district with date			
Office Seal :	Designation:	"· · ·			

(23) for Form-XII, the following Form shall be substituted, namely:-

"FORM-XII [See Clause 21(3)]

APPLICATION FOR EDUCATIONAL ASSISTANCE FOR HIGHER EDUCATION

To

The Labour Officer (Social Security Scheme)

..... district.

- 13. Name of the registered manual worker.
- 14. a) Registration Number and date of initial registration (Original identity card should be enclosed).
 - b) Date of last renewal, indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered manual worker :

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought:-

Sl. No.	Name	Date of Birth	Name of the course studying	Duration of the course	Name of the College/Institution with address in full
(1)	(2)	(3)	(4)	(5)	(6)

Note: - Certificate from the Principal of the College/Educational institution to the effect that the son or daughter of the registered manual worker is studying the course indicating whether a day scholar or hosteller should be enclosed in original.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Years of availing assistance Rs.	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/ Thumb impression of the registered manual worker.

DECLARATION BY THE APPLICANT.*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefit by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place:

Date

Signature/Thumb impression of the registered manual

CERTIFICATE* I hereby certify that the above particulars are correct. Place: Date: Members,	
Inspector of the Employment concerned/ / Assistant of Labour concerned / Any other officer permitte to give employment certificate.	d
*Any false declaration/ certification will entail legal action SANCTION	
I hereby sanction, after due verification, a sum of Rs/- (Rupees	
Place: Labour Officer, (Social Security Sche	ne)
Date * Strikeout whichever is not applicable	
<u>ACKNOWLEDGEMENT SLIP</u>	
Received from Thiru/Tmt. registered manual worker (Registration No.) claim application for sanction of educational assistance.	
Labour Officer (Social Security Scheme) district with d Name:	
Office Seal : Designation:	.",

(24) for Form-XIII, the following Form shall be substituted, namely:-

[See Clause 22(4)]

APPLICATION FOR PAYMENT OF MARRIAGE ASSISTANCE

10	
The Labour Officer (Social Security Sche	eme)
district.	

- (13) Name of the registered manual worker.
- (14) Registration Number and date of initial registration (Original identity card should be enclosed).
- 3. Address in full with PIN Code:
- 4. (a)Particulars of the members of the family of the registered manual worker:

Sl No.	Name	Relationship	Age	Marital Status	
(1)	(2)	(3)	(4)	(5)	

- (b) (i) Name of the person for whose marriage the assistance is sought for
 - (ii) Relationship to the registered manual worker:
 - (iii) Age in completed years on the date of marriage:
 - (c) Names of the couple: (i) Bride
 - (ii) Groom
 - (d) Date and venue of the marriage (Marriage invitation to be enclosed in original):
 - (e) Has the marriage assistance been availed earlier from the Board? If so, furnish details:

Signature/Thumb impression of the registered manual worker.

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance for the marriage of self/daughter/son.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Signature/Thumb impression of the
registered manual worker.
CERTIFICATE* ify that the particulars furnished in the application form are correct.
Members, Tamil Nadu
Welfare Board/
President/Secretary of the Regd. Trade Union of the Employment concerned// Assistant Inspector
of Labour concerned /Any other officer permitted to give employment certificate.
SANCTION sanction, after due verification, a sum of Rs/- (Rupees only) ge assistance of the son / daughter / self of Thiru/Tmt, registered manual worker of the Board (Registration number) Labour Officer (Social Security Scheme)
ACKNOWLEDGEMENT SLIP
From Thiru/Tmt
age assistance.
Labour Officer (Social Security Scheme) district with date Name: Designation: .";
f

(25) for Form-XIV, the following Form shall be substituted, namely:-

"FORM - XIV

[*See* clause 23(3)]

APPLICATION FOR PAYMENT OF MATERNITY ASSISTANCE FOR PREGNANCY OR MISCARRIAGE OR TERMINATION OF PREGNANCY BY A REGISTERED FEMALE MANUAL WORKER

10	
Labou	ur Officer (Social Security Scheme)
	district

- 13. Name of the registered female manual worker:
- 14. (a) Registration Number and date of initial registration (Original Identity card should be enclosed).
 - (b) Date of last renewal indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Particulars of surviving son/daughter of the registered female manual worker:

Sl. No.	Name	Sex	Date of Birth	Age
(1)	(2)	(3)	(4)	(5)

- 5. Month of Pregnancy* on the date of claim application:
- *(Certificate from the Civil Assistant Surgeon of the Government Hospital in support of this should be enclosed in original)
- 6. Whether the claim is for pregnancy or miscarriage of pregnancy or termination of pregnancy? If so details may be furnished. (Certificate from the Civil Assistant Surgeon of the Government Hospital to this effect should be obtained and sent in original)
- 7. Whether the assistance has already been availed by the registered female manual worker? If so, details may be furnished:

Signature/Thumb impression of the

registered manual worker.

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes. Place :

\mathbf{T}			
D	2	tρ	
L	α	u	

Signature/Thumb impression of the

registered female manual worker.

^{*}Any false declaration/certification will entail legal action ...

Note.- (i) The Birth Certificate from the Registrar of Births of the area concerned should be obtained and sent in original for release of the assistance after the date of delivery.

(ii) In the event of untoward demise of the registered female manual worker after the 7th month of pregnancy either before delivery or three months after delivery, the fact should be reported to the Medical Officer of Primary Health Centre concerned and for Chennai district to the Health Officer concerned, immediately along with the Death Certificate in original, for sanction of Funeral Expenses (or) Natural death assistance as admissible under the Scheme.

CERTIFICATE* I hereby certify that the particulars furnished in the application form are correct. Place: Members, Tamil Nadu..... Date: Welfare Board/ *Any false President/Secretary of the Regd. Trade Union of the declaration/ Employment concerned// Assistant Inspector certification will entail legal of Labour concerned /Any other officer permitted to give employment certificate. action .. **SANCTION** I hereby sanction, after due verification, for the payment of assistance of Rs...../-(Rupees...... only) to Tmt.....registered female manual worker (Registration No......) *at the time of seventh month of pregnancy / *on delivery of child / *for miscarriage of pregnancy /* termination of pregnancy (* Strike out whichever is not applicable). Office Seal: Labour Officer (Social Security Scheme)......district ACKNOWLEDGEMENT SLIP Received from Tmt. registered female manual worker (Registration Number.....) claim application for sanction of maternity assistance for *pregnancy/*miscarriage of pregnancy /*termination of pregnancy in respect of the registered female manual worker. Labour Officer (Social Security Scheme) * Strikeout whichever is not applicabledistrict Name:

Designation:

Office Seal:

(27) for Form-XV, the following Form shall be substituted, namely:-

"FORM - XV

[See Clause 24(3)]

APPLICATION FOR REIMBURSEMENT OF COST ON PURCHASE OF SPECTACLES BY THE REGISTERED MANUAL WORKER

To	RCHASE OF SIECTACLES BY THE REGISTERED MANUAL WORKER
	ur Officer(Social Security Scheme)
	district.
13	3. Name of the registered manual worker.
14	. (a) Registration Number and date of initial registration.
	(Original identity card should be enclosed).
	(b) Date of last renewal indicating the
	period upto which renewed
3	Address in full with PIN code:
4	Date of purchase of spectacles and its actual cost :
5	Whether certificate issued by a registered
	Opthalmist is enclosed in original? :
6.	Whether cash bill is enclosed in original?
	Signature/Thumb impression of the
	registered manual worker.
	DECLARATION BY THE APPLICANT*
my know	I hereby declare that the particulars furnished above are correct and true to the best of ledge. In the event of any of the information given above is ultimately found to be false, agree to refund in full the amount reimbursed towards purchase of spectacles for myself.
Welfare 1	I also hereby declare that I have not received similar benefit by claim in any other Board or Boards constituted by the Government of Tamil Nadu or under any other ent schemes.
Date:	Signature/Thumb impression of the
*Any fals	registered manual worker. e declaration/ certification will entail legal action .
	CERTIFICATE*
I he	ereby certify that the particulars furnished in the application form are correct.
Place:	nee, cerary and the paracolars farmoned in the application form the correct.
Date:	Member Tamil Nadu
	Welfare Board

President/Secretary of the Registered Trade Union of the Employment/ sistant Inspector of Labour concerned

/Any

other officer permitted to give employment certificate.

*Any false declaration/ certification will entail legal action .

SANCT	<u>ION</u>	
I hereby sanction, after due verification, the only) to Selvi/Thiru/Tmt, towar himself/herself.		· •
Office Seal:		
	The Labour Officer(Social S	Security Scheme)
		district
A C K N O W L E D G	EMENT SLIP	
Received from Thiru/Tmt./ Selvi		
	The Labour Officer(Social S	
	district	with
date		
	Name:	
Office Seal:	Designation:	

NOTIFICATION -XII.

In exercise of the powers conferred by section 4 read with section 3 of the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 (Tamil Nadu Act 33 of 1982), the Governor of Tamil Nadu, after consultation with the Advisory Committee, hereby makes the following amendments to the Tamil Nadu Artists Social Security and Welfare Scheme, 2006.

2. The amendments hereby made shall come into force on the 31st day of October, 2008.

AMENDMENTS

In the said Scheme, -

- (1) in clause 9,-
 - (i) in sub-clause (1), after the expression "Board", the expression "through the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
 - (ii) in sub-clause (2),-
 - (a) after the expression "such registration shall be made", the expression "in duplicate to the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
 - (b) after item (c), the following item shall be added, namely:-
 - "(d) Village Administrative Officer and for Chennai district, the Revenue Inspector concerned.";

- (iii) for sub-clause (3), the following sub-clause shall be substituted, namely:-
- "(3) (a) The registration of the name of the manual worker with the Board shall be made by the Labour Officer (Social Security Scheme) of the respective district after due verification by the respective Village Administrative Officer and for Chennai district, by the Revenue Inspector concerned.
- (b) The registration under this clause is valid for a period of two years or until the registered manual worker attains the age of sixty years, whichever is earlier.";
- (iv) in sub-clauses (4) and (5), for the expression "Board or district or local office" wherever it occurs, the expression "Labour Officer (Social Security Scheme) of the respective district "shall be substituted;
 - (v) in sub-clause (6), after item (c), the following item shall be added, namely:-
- "(d) Where the nomination made is incomplete or becomes void, the assistance shall be released to the legal heirs of the deceased registered manual worker.";
- (2) in clause 10,-
 - (vii) in sub-clauses (1) and (2), for the expression "Executive Officer", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- in clause 11, in sub-clause (4), after the expression "Board", the expression "and the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
- (4) in clause 14, in sub-clause (3), for the expression "Executive Officer or any other officer authorised in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district, after due verification" shall be substituted;
- (5) in clause 15, for the expression "Chief Executive Officer or any other officer authorised by the Chief Executive Officer in this behalf", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (6) in clause 17,-
 - (i) in sub-clause (1), after the expression "Personal Accident Relief", the following expression shall be added, namely:-

"and where the accident results in death, their nominees are eligible for Personal Accident Relief.";

(ii) in sub-clause (3),-

- (a) in item (a), for the expression "Board", occurring in three places, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (b) in item (e), for the expression "Board or any Officer authorised in this behalf", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;

(7) in clause 18,-

- 17. in sub-clause (2), for the expression "Board" occurring in five places, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted:
- 18. in sub-clause (3), for the expression "Rs.300 (Rupees three hundred only)", the expression "Rs.400 (Rupees four hundred only)" shall be substituted;

(8) in clause 19,-

- (i) in sub-clause (1), for the expression "Secretary or any other officer authorised in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district, after due verification" shall be substituted;
 - (ii) in sub-clause (2), the expression "by the Board" shall be omitted;
- (9) in clause 20, in sub-clause (1), for the expression "Secretary or any other Officer authorized in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district, after due verification" shall be substituted;

(10) in clause 21,-

- (xv) for sub-clause (1), the following sub-clause shall be substituted, namely:-
- "(1) The assistance for the education of the children of a registered manual worker shall be sanctioned by the Labour Officer (Social Security Scheme) of the respective district, after due verification, as specified in the Table below:-

THE TABLE.

Contal	Form	Course of Study	Day Scholar		Hosteller	
Serial Number			Boys	Girls	Boys	Girls
			Rs.	Rs.	Rs.	Rs.
1	XI	10 th Std., Studying- Girl children only		1,000		
2	X	10 th Std., passed	1,000	1,000		
3	XI	11 th Std., Studying- Girl children only		1,000		

4	XI	12 th Std. Studying – Girl children only	1,500		1,500		
5	X	12 th Std. passed	1,500	1,500			
6	XII	Studying regular Bachelor Degree 1, course (Every academic year)		1,500	1,750	1,750	
7	XII	Studying regular Post Graduate 2,000 2,000 3,000 course (Every academic year)			3,000	3,000	
8	XII	Studying regular Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses. (Every academic year)			4,000	4,000	
9	XII	XII Studying regular Post Graduate Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses (Every academic year)		4,000	6,000	6,000	
10	XII	Studying ITI or Polytechnic course (Every academic year)	1,000	1,000	1,200	1,200	

(xvi) for sub-clause (3), the following sub-clause shall be substituted, namely:-

"(3) The application for assistances specified in serial numbers 2 and 5 in column (1) of the Table in sub-clause (1) shall be in Form X to be submitted after passing of the course, the application for assistances specified in serial numbers 6 to 10 in column (1) of the said Table shall be in Form XII to be submitted before completion and passing of the course and the application for assistances specified in serial numbers 1,3 and 4 shall be in Form XI to be submitted before completion and passing of the course.";

- (11) in clause 22, in sub-clause (1), for the expression "Secretary or any other Officer authorised in this behalf by the Board, shall on an application from a registered manual worker", the expression "Labour Officer (Social Security Scheme) of the respective district shall, on an application from a registered manual worker, after due verification" shall be substituted;
- (12) in clause 23, for sub-clause (1), the following sub-clause shall be substituted, namely:-

"(1) The Labour Officer (Social Security Scheme) of the respective district shall, on an application from a registered female manual worker, sanction the assistance as indicated below, after due verification of the proof produced by her of her pregnancy or delivery of child by her or the miscarriage of her pregnancy or the termination of pregnancy:-

- (i) Pregnancy Rs.6,000/-
 - (Rs.3,000/- shall be paid on the seventh month of pregnancy and remaining Rs.3,000/- shall be paid
 - on delivery of the child)
- (ii) Miscarriage of pregnancy -Rs.3,000/-
- (iii) Termination of pregnancy -Rs.3,000/-.";
- (13) in clause 24,-
 - (i) in sub-clause (1), for the expression "Secretary or any other officer authorised in this behalf by the Board, shall on an application From XV from a registered manual worker", the expression "Labour Officer (Social Security Scheme) of the respective district, shall on an application From XV from a registered manual worker, after due verification" shall be substituted;
 - (ii) for sub-clause (2), the following sub-clause shall be substituted, namely:-
 - "(2) The assistance shall be restricted to 65 registered manual workers per year in each district on "First come – First serve" basis depending upon the applications received.";
- (14) for Form I, the following Form shall be substituted, namely:-

"FORM – I [See Clause 9(2)]

APPLICATION FOR REGISTRATION The Labour Officer (Social Security Scheme), district.

Registration No.....

(to be filled in by the Registration Authority)

- 1. Name of the Worker
- 2. Name of the Father/Husband
- 3. Date of birth

To

(Enclose Xerox Copy of evidence Day Month Year in proof duly attested by a Group A

or Group B Officer)*

4. Marital Status

(Whether married, unmarried, widow/widower):

5. Permanent address

Affix **Passport** size photograph 6. Present address :

7. State whether self-employed or employed

8. If employed, furnish the name and address of the establishment and also the name and address of the employer/contractor

9. Nature of work :

10. Number of years engaged in the employment as on the date of application

11. Particulars of the members of the family

Sl. No.	Name	Age	Relationship	Marital status
(1)	(2)	(3)	(4)	(5)

12. (a) Whether the wife/husband is employed?:

(b) If so furnish details

13. Nomination for receipt of Natural Death/Accidental

Death Assistance :

Name and address ** Nominee's Relationship Age of the Percentage of amount to be of the nominee/nominees with the worker nominee (1) (2) (3) (4)

Signature or left hand thumb impression of the manual worker. (Left hand thumb impression to be attested by the Registration Authority)

DECLARATION BY THE APPLICANT.***

I declare that I am not registered as a member in any other Manual Workers Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Signature or left hand thumb impression of the manual worker. (Left hand thumb impression to be attested by the Registration Authority)

*** Any false declaration/ certification will entail legal action.

^{*(}i) Birth Certificate or (ii) School Certificate or (iii) Driving Licence or (iv) Ration Card or (v) Voter's identity card or (vi) Certificate from Registered Medical Practitioner not below the rank of Civil Surgeon of a Government Hospital in the prescribed format duly signed by the worker.

^{**} Nominees shall be dependant Family Members.

	nent as a m	ars furnished by Thiru/Thirumathi/ Selvianual worker in the application for registration are true to the	
Place: Date:		Signature and name of the person /	
*** Any false declar	ation/ certif	Officer issuing the certificate cation will entail legal action	
	<u>V</u>]	ERIFICATION CERTIFICATE.	
and		n it is certified that the particulars furnished in the application et and recommended for registration.	
Place: Date:	č		
accepted and the app	licant is reg	The recommendation of the	
		Labour Officer (Social Security Scheme)district	
	A C K	NOWLEDGEMENT SLIP.	
Received		Selvi/Thiru/Tmtresiding at application for registration as manual worker in the Tamil rd.	
Office Seal:		Labour Officer (Social Security Scheme	
)		district with date Name:	

(15) in Form II,-

- under the heading "SCHEME ASSISTANCES OF THE BOARD", in serial number 8, against the entry "Pension", for the expression "300", the expression "400" shall be substituted;
- under the heading "Details of Scheme Assistance provided to the worker", in the Table, for the expression "Name of the Beneficiary", the expression "Name of

- the person" shall be substituted;
- under the heading "GENERAL INSTRUCTIONS",-
- (a) for the expression "Assistant Inspector of Labour", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (b) for the expression "Board" occurring in three places, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (16) in FORM VI, for the expression "The Secretary,", the expression "The Labour Officer (Social Security Scheme), district." shall be substituted;
- (17) for FORM VII, the following Form shall be substituted, namely.-

"FORM – VII

[See Clause 17(3)(b)]

APPLICATION FOR PAYMENT OF COMPENSATION FOR
ACCIDENTAL DEATH/ DISABILITY

20.	(a)Name of the registered manual works	er]
	(4)	
	(b)Address (in full)	
	(on the date of death/ disability)	:
	(c) Age	
	(d) Registration number and date of	
	initial registration	:
	(e) Renewal date	:
	(f) Occupation	:
2.	(a)Area	:
	(b)Place	:
	(c)District	:
,	(a) Name of the nominee	:
((b) Relationship with the deceased registered	ed manual worker
	(in the case of accidental death only)	
,	(c) Age of the nominee	:
	d) Address in full (with PIN)	
4	. Whether the claimant is the registered wo	orker
	himself (in the case of accidental	
	disability) or the nominee of the	
	registered manual worker?	:
5.	Date and time of accident	:
6.	Place of accident	:
	(a) at the work place	:
	(b) outside the work place	:
7. W	hether intimation regarding accident has be	een given
in	Form - VI as per clause 17 (3) (a)?	:
8. W	hether the accident resulted in death/	
lo	ss of limb/loss of eye sight/partial injury?	
9. Ir	n the case of accidental disability, a certific	cate
f	From a Civil Surgeon of the Government	
	Hospital indicating the percentage of	
•	disability due to accident with details shou	ıld be
	obtained and enclosed in original.	:
10 (i	i) Date and time of death (in the case of a	accidental death):
(ii	i) Attested copy of First Information Report	rt. from the Police
	Station nearer to the place of accident to	be enclosed:
(i	iii) Post-Mortem Certificate and final	
	Investigation Report should be sent in o	original :
	(v) Death Certificate (attested copy) should	l ha

Signature/Thumb impression of the registered manual

worker /

nominee in case of death.

I hereby declare that the particulars furnished above are correct and true to the best of my
knowledge. In the event of any of the information given above is ultimately found to be false, I
hereby agree to refund in full the amount received as assistance for accidental death/disability. I
also hereby declare that I have not received similar benefit by claim in any other Welfare Board
or Boards constituted by the Government of Tamil Nadu or under any other Government
schemes.

Place

Signature/Thumb impression of the registered manual worker / Date

nominee in case of death.

* Any false declaration/ certification will entail legal action.

I hereby sanction, after due verificat towards accidental death/disability to Selvi/ worker (Registration Number	Thiru/Tmt nominee of the	e deceased manual
Place: Date:	Labour Officer (Social Sec	•
	(Affix Rubber	
	nt	cation for sanction
of assistance towards accidental death/disworker Selvi/Thiru/Tmt.		
manual worker Selvi/Thiru/Tmt	· · · · · · · · · · · · · · · · · · ·	_
	Labour Officer (Social Security S district with date Name:	Scheme)
Office Seal:	Designation:	· · ·

(18) for Form-VIII, the following Form shall be substituted, namely:-

"FORM -VIII [See Clause 18(2)]

APPLICATION FOR PENSION

То	
The Labour Officer (Social Security Scheme) district.	Passport size photograph
1. Name of the Applicant : :	duly signed
2. Address in full (to which pension	
is to be sent) (with PIN code) :	
3. Registration number and date :	
(Original identity Card should be enclosed)	
4. Age and date of completion of	
60 years of age :	
5. Date of completion of continuous period of	
five years as registered manual worker of the Board	
6. Whether the registration has been renewed regularly without any default? If so, details may be furnished :	
•	

Sl.	Date of initial registration/	Period of validity of registration/renewal	
No.	subsequent renewal	From	То
(1)	(2)	(3)	(4)

7. Whether in receipt of any other pension?

If so, furnish complete details

Signature/Thumb impression of the

registered

manual worker.

DECLARATION*

I hereby certify that the facts mentioned above are true to the best of my knowledge and information. I am not a registered manual worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place: Signature/Thumb impression of the registered manual worker.

Date: Name:

*Any false declaration/ certification will entail legal action

- Note: 1. Besides the photograph affixed above, another passport size photograph should be enclosed with the application.

 21. Incomplete applications will not be considered.
 - 21.

SANCTION

	I hereby sanction, after due verification, a monthly pension of Rs	
(Rupees	only) with effect from	
	sent by Money Order.	
Place:	Labour Officer (Social Security Scheme)	
Date:	district.	
_	ACKNOWLEDGEMENT SLIP	
	Received from Selvi/Thiru/Tmt(Address in full)	
	(Registration No)	
	for sanction of pension.	
	Labour Officer (Social Security Scheme) district with date	
	Name:	
Office Seal	: Designation: .";	

(19) for Form-VIII-A, the following Form shall be substituted, namely:-

"FORM -VIII-A [See Clause 18(2)] APPLICATION FOR DISABILITY PENSION

То	Passport size
The Labour Officer (Social Security Scheme)	photograph
district.	duly signed
1. Name of the applicant :	
2. Address in full (to which pension	
is to be sent) (with PIN code) :	
3. Registration number and date :	
(Original identity card should be enclosed)	
4. Age and date of completion of	
60 years of age :	
5. Date of completion of continuous period of	
five years as registered manual worker of the Board :	
6. Whether the registration has been renewed	
regularly without any default? If so,	
details may be furnished :	

Sl.	Date of initial registration/	Period of validity of registration/renewal	
No.	subsequent renewal	From	То
(1)	(2)	(3)	(4)

7. Whether the applicant has become disabled due to sickness and incapacitated from normal work? (If so, a certificate by a Medical Officer not below the rank of Civil Surgeon of the Government Hospital under his name and seal should be enclosed in original)

8. Whether in receipt of any other pension?

If so, furnish complete details

Signature/Thumb impression of the registered

manual worker

DECLARATION*

I hereby declare that the facts mentioned above are true to the best of my knowledge and information. I am not a registered worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as disability pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby	declare that I have not received similar benefits by claim in any other		
Welfare Board or B	ards constituted by the Government of Tamil Nadu or under any other		
Government schem	S.		
Place:	Signature/Thumb impression of the registered manual worker		
Date:	Name:		
* Any false declarate	on/ certification will entail legal action		
Note: 1. Besides th	photograph affixed above another passport size		
photograph	should be enclosed with the application.		
2.Incomplet	applications will not be considered.		
	SANCTION		
I hereby sancti	on, after due verification, a monthly pension of Rs/- (Rupees		
only) with effect from			
Office Seal:	The diffount shall be belie by Wolfey Order.		
Place:	Labour Officer (Social Security Scheme)		
Date:	district.		
_	ACKNOWIEDCEMENTSLID		
Dagai	A C K N O W L E D G E M E N T S L I P ed from Selvi/Thiru/Tmt(Address in full)		
	(Registration No)		
application for sanc	ion of disability pension.		
	Labour Officer (Social Security Scheme) district with date Name:		
Office Seal:	Designation: .";		

(20) for Form-IX, the following Form shall be substituted, namely:-

"FORM - IX

[See Clause 19(2) and 20(2)]

APPLICATION FOR PAYMENT OF FUNERAL EXPENSES/ NATURAL DEATH ASSISTANCE

To
The Labour Officer (Social Security Scheme)
......district.

- 36. Name of the deceased registered manual worker:
- 37. Address in full (at the time of death):
- 38. Age (on the date of death):
- 39. Nature of work:
- 40. (a) Registration Number and date of initial registration. (Original Identity card should be enclosed).
 - (b) Date of last renewal, indicating the period upto which renewed
- 6. (a) Place of death
 - (b) Date of death
 - (c) Cause of death (to be indicated clearly):
 (Avoid indicating as "Natural Death")

(Death Certificate in original shall be enclosed)

- 7. (a) Name of the nominee:
- (b) Age on the nominee (in completed years):
- (c) Address of the nominee in full indicating PIN Code:
- (d) Relationship of the nominee with the deceased registered manual worker

Signature/Thumb impression of the nominee of the registered manual worker

DECLARATION OF THE NOMINEE *

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for death/funeral expenses of the deceased manual worker.

I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place:			
Date:	Sign	nature/Thumb impression of the	
	nominee	of the registered manual worker	
*Any false declaration/ certification will entail legal action			
	<u>CERTIFICATE*</u>		
I hereby certify	y that the particulars furnished in the applicati	on are correct.	
Place:			
Date:	Members, Tamil Nadu		
* Any false	Welfare Board / President/Secretary of the		
declaration/	Union of the Employment c		
certification will	of Labour concerned /Any of	her officer permitted to give	
entail legal action	employment certificate.		
only) of Thiru/Thi 2. I hereby sar only) as assi	nction, after due verification, a sum of Rs. istance to Thiru/Tmt/Selvi, nominee/nom	egistered manual worker. /-(Rupees	
Office Seal:	Lab	ourOfficer (Social Security Scheme	
Place:)		
Date	:	district.	
Received from	ACKNOWLEDGEMENT S m Selvi/Thiru/Tmt.		
	/Natural death assistance in respect of deceas (Registration No.)		

Labour Officer (Social Security Scheme)....... district with date

Name:

Office Seal: Designation: .";

(21) for Form-X, the following Form shall be substituted, namely:-

FORM-X

$[See~Clause~21(3)] \\ APPLICATION~FOR~EDUCATIONAL~ASSISTANCE~FOR~PASS~IN~10^{TH}~STANDARD~AND~12^{TH}~STANDARD~EXAMINATION.$

10
The Labour Officer (Social Security Scheme)
district.

- (xv) Name of the registered manual worker.
- (xvi) (a) Registration Number and date of initial registration.

(Original Identity card should be enclosed).

- (b) Date of last renewal, indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered manual worker: -

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought for:

	5. Details of the son of daughter for whom educational assistance is sought for.						
Sl.	Name	Data of Dinth	Examination	Month and	Name of the		
No.	(Son/Daughter)	Date of Birth	passed	Year of Pass	School studied		
(1)	(2)	(3)	(4)	(5)	(6)		

<u>Note:-</u> Xerox copy of the Mark Sheet in support of having passed the Examination, duly attested by a Group A or Group B Officer should be enclosed.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing assistance	Amount of assistance (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance. I further declare that I have not availed similar assistance from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Government of	Tainii i vada of under any other dovernment schemes.
Place:	
Date:	Signature/Thumb impression of
* Any false decl	the registered manual worker aration/ certification will entail legal action .
	CERTIFICATE*
•	rtify that the particulars furnished in the application are correct.
Place: Date: * Any false	Members, Tamil Nadu
declaration/	President/Secretary of the Regd. Trade Union of the Employment concerned/ Assistant Inspector
entail legal action .	of Labour concerned /Any other officer permitted to give employment certificate.
	SANCTION
educational assis	sanction, after due verification a sum of Rs/- (Rupees only) as stance, in respect of *Selvan/*Selvi * son/*daughter of *Thiru/Tmt al worker (Registration No).
Office Seal:	
Place: Date :	Labour Officer (Social Security Scheme)district
* Strikeout which	chever is not applicable
_	

ACKNOWLEDGEMENT SLIP

Received from Thiru/Tmt./ Selvi/ (Registration No) claim applied				
	sanction of educational assistance.			
	Labour Officer (Social Security Scheme)			
	district with date			
	Name:			
Office Seal	Designation: .";			

(22) for Form-XI, the following Form shall be substituted, namely:-

"FORM-XI

[See Clause 21(3)]

APPLICATION FOR EDUCATIONAL ASSISTANCE FOR GIRL CHILDREN STUDYING IN 10 $^{\rm TH}$ STANDARD/ 11 $^{\rm TH}$ STANDARD/ 12 $^{\rm TH}$ STANDARD.

To
The Labour Officer (Social Security Scheme
......district.

- 15. Name of the registered manual worker.
- 16. (a) Registration Number and date of initial registration (Original identity card should be enclosed).
 - (b) Date of last renewal, indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered manual worker:

	Sl. No.	Name	Relationship with the registered manual worker	Age
	(1)	(2)	(3)	(4)
I				

5. Details of the daughter for whom Educational Assistance is sought for:-

Sl. No.	Name	Date of Birth	Standard in which studying (Std. 10 th /11 th / 12 th)	Year of Study (indicate the academic year)	Name of the school with full address
(1)	(2)	(3)	(4)	(5)	(6)

<u>Note</u>: - Certificate from the Head Master/Principal of the School to the effect that the daughter of the registered manual worker is studying the course, should be enclosed.

6. Number of children for whom the assistance has already been availed from the Board:

S1.	NT	G /D 14	Course for which	Year of availing	Amount of
No.	Name	Son/Daughter	assistance availed	the assistance	assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker.

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I

hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar Welfare Board or Boards constituted by the Government of Government Schemes.

benefits by claim from any other Tamil Nadu or under any other

Place:

Date : Signature/Thumb in

Signature/Thumb impression of the registered manual worker.

CERTIFICATE*

I hereby certify that the particulars furnished in the

Place: Welfare Board /

Date: President/Secretary of the Registered. Trade Union

of the Employment concerned/ / Assistant

Inspector

of Labour concerned /Any other officer permitted to give employment certificate.

SANCTION

I hereby sanction, after due verification, a sum of Rs...../- (Rupees......only) to the claimant as educational assistance, in respect of Selvi...... daughter of Thiru/Tmt..... registered manual worker (Registration No......).

^{*}Any false declaration/ certification will entail legal action.

^{*} Any false declaration/ certification will entail legal action ...

Office Seal: Place Date	Labour O	fficer (Social Securi	ty Scheme)district			
ACKNOWLEDGEMENT SLIP						
	Received from Thiru/Tmt registered manual worker (Registration No), claim application for sanction of educational assistance.					
	Labour Officer (Name:	Social Security Scher	me) district with date			
Office Seal:	2 (4.2.2.)	Designation:	". · · ,			
(23) for Form-X	II, the following Form sha	all be substituted, nan	nely:-			
		ORM-XII Clause 21(3)]				
APPLICATION	N FOR EDUCATIONAL	ASSISTANCE FO	R HIGHER EDUCATION			
To The Labour Officerdist	· (Social Security Schemerict.	e)				

15. Name of the registered manual worker.16. a) Registration Number and date of initial registration

(Original identity card should be enclosed).

- b) Date of last renewal, indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered manual worker:

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought:-

Sl. No.	Name	Date of Birth	Name of the course studying	Duration of the course	Name of the College/Institution with address in full
(1)	(2)	(3)	(4)	(5)	(6)

Note: - Certificate from the Principal of the College/Educational institution to the effect that the son or daughter of the registered manual worker is studying the course indicating whether a day scholar or hosteller should be enclosed in original.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Years of availing assistance Rs.	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/ Thumb impression of the registered manual worker.

DECLARATION BY THE APPLICANT.*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefit by claim from any other Welfare Board or Boards constituted by

the Government of Tamil Nadu or under any other

Government Schemes. Place: Signature/Thumb impression of the registered manual

worker. Date

^{*} Any false declaration/certification will entail legal action .

CERTIFICATE*

I hereby certify the	hat the above particulars are correct.	
Place:		
Date:	Members, Tamil Nadu Welfare Board /	
	President/Secretary of the Registered. Trade Union	
	of the Employment concerned/ / Assi	istant
Inspector		
	of Labour concerned /Any other off to give employment certificate.	icer permitted
*Any false declar	ration/ certification will entail legal action	
	<u>SANCTION</u>	
only) toward	on, after due verification, a sum of Rs/- (Rupees	
Place:	Labour Officer, (Social So	
Date * Strikeout whichev	ver is not applicable	strict
	ACKNOWLEDGEMENT SLIP	
	n Thiru/Tmt. registered No) claim application for sanction of education	
	Labour Officer (Social Security S	Scheme)
	Name:	
Office Seal:	Designation:	· · ·
(24) for Form-XII	II, the following Form shall be substituted, namely:- "FORM – XIII	

APPLICATION FOR PAYMENT OF MARRIAGE ASSISTANCE

[See Clause 22(4)]

The Labour Officer (Social Security Scheme)district.

- (15) Name of the registered manual worker.
- (16) Registration Number and date of initial registration (Original identity card should be enclosed).
- 3. Address in full with PIN Code:
- 4. (a)Particulars of the members of the family of the registered manual worker:

Sl No.	Name	Relationship	Age	Marital Status	
(1)	(2)	(3)	(4)	(5)	

- (b) (i) Name of the person for whose marriage the assistance is sought for
 - (ii) Relationship to the registered manual worker:
 - (iii) Age in completed years on the date of marriage:
 - (c) Names of the couple: (i) Bride
 - (ii) Groom
 - (d) Date and venue of the marriage
 - (Marriage invitation to be enclosed in original):
 - (e) Has the marriage assistance been availed earlier from the Board? If so, furnish details:

Signature/Thumb impression of the registered manual worker.

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance for the marriage of self/daughter/son.

Govern	nment Schemes.
Place	:
Date	: Signature/Thumb impression of the
*A	registered manual worker. ny false declaration/ certification will entail legal action
	CERTIFICATE*
Ιŀ	nereby certify that the particulars furnished in the application form are correct.
Place:	
Date:	Members, Tamil Nadu
	President/Secretary of the Regd. Trade Union of the Employment concerned// Assistant Inspector
	of Labour concerned /Any other officer permitted to give employment certificate.
*A	ny false declaration/ certification will entail legal action
towa	SANCTION I hereby sanction, after due verification, a sum of Rs/- (Rupeesonly) rds marriage assistance of the son / daughter / self of Thiru/Tmt, registered manual worker of the Board (Registration number)
	Labour Officer (Social Security Scheme) district.
	ACKNOWLEDGEMENT SLIP
I	Received from Thiru/Tmt(Registration No)
	claim application for
sanctio	on of marriage assistance.
	Labour Officer (Social Security Scheme) district with date
Office	Name: Seal: Designation: .";
(25)	for Form-XIV, the following Form shall be substituted, namely:-

I also hereby declare that I have not received similar benefits by claim in any other

Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other

"FORM – XIV [See clause 23(3)]

APPLICATION FOR PAYMENT OF MATERNITY ASSISTANCE FOR PREGNANCY OR MISCARRIAGE OR TERMINATION OF PREGNANCY BY

A REGISTERED FEMALE MANUAL WORKER

То
Labour Officer (Social Security Scheme)
district

- 15. Name of the registered female manual worker:
- 16. (a) Registration Number and date of initial registration (Original Identity card should be enclosed).
 - (b) Date of last renewal indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Particulars of surviving son/daughter of the registered female manual worker:

Sl. No.	Name	Sex	Date of Birth	Age
(1)	(2)	(3)	(4)	(5)

- 5. Month of Pregnancy* on the date of claim application:
- *(Certificate from the Civil Assistant Surgeon of the Government Hospital in support of this should be enclosed in original)
- 6. Whether the claim is for pregnancy or miscarriage of pregnancy or termination of pregnancy? If so details may be furnished. (Certificate from the Civil Assistant Surgeon of the Government Hospital to this effect should be obtained and sent in original)
- 7. Whether the assistance has already been availed by the registered female manual worker? If so, details may be furnished:

Signature/Thumb impression of the

registered manual worker.

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes. Place :

Date

Signature/Thumb impression of the

registered female manual worker.

*Any false declaration/ certification will entail legal action ...

Note.- (i) The Birth Certificate from the Registrar of Births of the area concerned should be obtained and sent in original for release of the assistance after the date of delivery.

(ii) In the event of untoward demise of the regmonth of pregnancy either before delivery or three reported to the Medical Officer of Primary Health C the Health Officer concerned, immediately along sanction of Funeral Expenses (or) Natural death assist	e months after delivery, the Centre concerned and for C with the Death Certificate	e fact should be thennai district to e in original, for
CERTIFICA	TE*	
I hereby certify that the particulars furnished in the	application form are correct.	
Place:	'1 NT - 1	
Date: Members, Tai Welfare Board/	mil Nadu	
	he Regd. Trade Union of the	ne
of Lab	our concerned /Any other of employment certificate.	officer permitted
*Any false declaration/ certification will entail legal a	action	
I hereby sanction, after due verification, for (Rupees only) to Tmtregistere No) *at the time of seventh month of pregnan	the payment of assistance d female manual work	er (Registration
of pregnancy /* termination of pregnancy (* Strik		
Office Seal:	Labour Officer (Soci	=
	Scheme)	district
ACKNOWLEDO	GEMENT SLIP	
Received from Tmt	ion for sanction of maternit	ty assistance for
	Labour Officer (Social S	Security Scheme)
* Strikeout whichever is not applicable		-
	Name:	
Office Seal:	Designation:	· ',

(26) for Form-XV, the following Form shall be substituted, namely:-

"FORM - XV

[See Clause 24(3)]

APPLICATION FOR REIMBURSEMENT OF COST ON PURCHASE OF SPECTACLES BY THE REGISTERED MANUAL WORKER

To The Labour Officer(Social Security Scheme)district.	
15. Name of the registered manual worker.	
16. (a) Registration Number and date of initial registration.	
(Original identity card should be enclosed).	
(b) Date of last renewal indicating the	
period upto which renewed	
3. Address in full with PIN code:	
4. Date of purchase of spectacles and its actual cost:	
5. Whether certificate issued by a registered	
Opthalmist is enclosed in original? :	
6. Whether cash bill is enclosed in original?	
Signature/Thumb impression of the	
registered manual work	cer.
 (i) I hereby declare that the particulars furnished above are correct and true to my knowledge. In the event of any of the information given above is ultimately found I hereby agree to refund in full the amount reimbursed towards purchase of spectacles (ii) I also hereby declare that I have not received similar benefit by claim in Welfare Board or Boards constituted by the Government of Tamil Nadu or under Government schemes. 	to be false, for myself.
Place : Signature/Thumb impression of the	
*Any false declaration/ certification will entail legal action .	ıl worker.
CERTIFICATE* I hereby certify that the particulars furnished in the application form are correct. Place:	
Date: Member Tamil Nadu	
Welfare Board President/Secretary of the Registered Trade Ur Employment/ sistant Inspector of Labour conce	
/Any other officer permitted to give employment cert	tificate.

*Any false declaration/ certification will entail legal action .

SANCTION

I hereby sanction, after due verific only) to Selvi/Thiru/Tmt	cation, the reimbursement of a sum of towards the actual cost on purchase	, -
himself/herself.	, towards the actual cost on purchase	or spectacles for
Office Seal:		
	The Labour Officer(Social	Security Scheme) district
ACKNOWI	LEDGEMENT SLIP	
Received from Thiru/Tmt./ Selvi (Registration No) applicatio for himself/herself.	n for reimbursement of cost on purcha	
	The Labour Officer(Social district	•
	date	
	Name:	
Office Seal :	Designation:	

NOTIFICATION –XIII.

In exercise of the powers conferred by section 4 read with section 3 of the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 (Tamil Nadu Act 33 of 1982), the Governor of Tamil Nadu, after consultation with the Advisory Committee, hereby makes the following amendments to the Tamil Nadu Goldsmiths Social Security and Welfare Scheme, 2006.

2. The amendments hereby made shall come into force on the 31st day of October, 2008.

AMENDMENTS

In the said Scheme, -

- (1) in clause 9,-
 - (i) in sub-clause (1), after the expression "Board", the expression "through the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
 - (ii) in sub-clause (2),-
 - (a) after the expression "such registration shall be made", the expression "in duplicate to the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
 - (b) after item (c), the following item shall be added, namely:-
 - "(d) Village Administrative Officer and for Chennai district, the Revenue Inspector concerned.";
 - (iii) for sub-clause (3), the following sub-clause shall be substituted, namely:-
 - "(3) (a) The registration of the name of the manual worker with the Board shall be made by the Labour Officer (Social Security Scheme) of the respective district after due

verification by the respective Village Administrative Officer and for Chennai district, by the Revenue Inspector concerned.

- (b) The registration under this clause is valid for a period of two years or until the registered manual worker attains the age of sixty years, whichever is earlier.";
- (iv) in sub-clauses (4) and (5), for the expression "Board or district or local office" wherever it occurs, the expression "Labour Officer (Social Security Scheme) of the respective district "shall be substituted;
 - (v) in sub-clause (6), after item (c), the following item shall be added, namely:-
- "(d) Where the nomination made is incomplete or becomes void, the assistance shall be released to the legal heirs of the deceased registered manual worker.";
- (2) in clause 10,-
 - (viii) in sub-clauses (1) and (2), for the expression "Executive Officer", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (3) in clause 11, in sub-clause (4), after the expression "Board", the expression "and the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
- (4) in clause 14, in sub-clause (3), for the expression "Executive Officer or any other officer authorised in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district, after due verification" shall be substituted;
- (5) in clause 15, for the expression "Chief Executive Officer or any other officer authorised by the Chief Executive Officer in this behalf", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (6) in clause 17,-
 - (i) in sub-clause (1), after the expression "Personal Accident Relief", the following expression shall be added, namely:-

"and where the accident results in death, their nominees are eligible for Personal Accident Relief.";

- (ii) in sub-clause (3),-
- (a) in item (a), for the expression "Board", occurring in three places, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;

(b) in item (e), for the expression "Board or any Officer authorised in this behalf", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;

(7) in clause 18,-

- 19. in sub-clause (2), for the expression "Board" occurring in five places, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- 20. in sub-clause (3), for the expression "Rs.300 (Rupees three hundred only)", the expression "Rs.400 (Rupees four hundred only)" shall be substituted;

(8) in clause 19,-

- (i) in sub-clause (1), for the expression "Secretary or any other officer authorised in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district, after due verification" shall be substituted;
 - (ii) in sub-clause (2), the expression "by the Board" shall be omitted;
- (9) in clause 20, in sub-clause (1), for the expression "Secretary or any other Officer authorized in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district, after due verification" shall be substituted;

(10) in clause 21,-

(xvii) for sub-clause (1), the following sub-clause shall be substituted, namely:-

"(1) The assistance for the education of the children of a registered manual worker shall be sanctioned by the Labour Officer (Social Security Scheme) of the respective district, after due verification, as specified in the Table below:-

THE TABLE.

Serial	Form	Course of Study	Day Scholar		Hosteller	
Number	FOIM	Course of Study	Boys	Girls	Boys	Girls
			Rs.	Rs.	Rs.	Rs.
1	XI	10 th Std., Studying- Girl children only		1,000	I	
2	X	10 th Std., passed	1,000	1,000		
3	XI	11 th Std., Studying- Girl children only		1,000		
4	XI	12 th Std. Studying – Girl children only		1,500		
5	X	12 th Std. passed	1,500	1,500		

6	XII	Studying regular Bachelor Degree course (Every academic year)	1,500	1,500	1,750	1,750
7	XII	Studying regular Post Graduate course (Every academic year)	2,000	2,000	3,000	3,000
8	XII	Studying regular Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses . (Every academic year)	2,000	2,000	4,000	4,000
9	XII	Studying regular Post Graduate Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses (Every academic year)	4,000	4,000	6,000	6,000
10	XII	Studying ITI or Polytechnic course (Every academic year)	1,000	1,000	1,200	1,200

(xviii) for sub-clause (3), the following sub-clause shall be substituted, namely:-

- "(3) The application for assistances specified in serial numbers 2 and 5 in column (1) of the Table in sub-clause (1) shall be in Form X to be submitted after passing of the course, the application for assistances specified in serial numbers 6 to 10 in column (1) of the said Table shall be in Form XII to be submitted before completion and passing of the course and the application for assistances specified in serial numbers 1,3 and 4 shall be in Form XI to be submitted before completion and passing of the course.";
- (11) in clause 22, in sub-clause (1), for the expression "Secretary or any other Officer authorised in this behalf by the Board, shall on an application from a registered manual worker", the expression "Labour Officer (Social Security Scheme) of the respective district shall, on an application from a registered manual worker, after due verification" shall be substituted;
- (12) in clause 23, for sub-clause (1), the following sub-clause shall be substituted, namely:-
 - "(1) The Labour Officer (Social Security Scheme) of the respective district shall, on an application from a registered female manual worker, sanction the assistance as indicated below, after due verification of the proof produced by her of her pregnancy or delivery of child by her or the miscarriage of her pregnancy or the termination of pregnancy:-
 - (i) Pregnancy Rs.6,000/-(Rs.3,000/- shall be paid on the seventh month of

pregnancy and remaining Rs.3,000/- shall be paid on delivery of the child)

- (ii) Miscarriage of pregnancy -Rs.3,000/-
- (iii) Termination of pregnancy -Rs.3,000/-.";
- (13) in clause 24,-
 - (i) in sub-clause (1), for the expression "Secretary or any other officer authorised in this behalf by the Board, shall on an application From XV from a registered manual worker", the expression "Labour Officer (Social Security Scheme) of the respective district, shall on an application From XV from a registered manual worker, after due verification" shall be substituted;
 - (ii) for sub-clause (2), the following sub-clause shall be substituted, namely:-
 - "(2) The assistance shall be restricted to 65 registered manual workers per year in each district on "First come First serve" basis depending upon the applications received.";

(14) for Form I, the following Form shall be substituted, namely:-

"FORM – I [See Clause 9(2)]

APPLICATION FOR REGISTRATION To The Labour Officer (Social Security Scheme), district. Passion of the district of the property of the

Registration No.....

(to be filled in by the Registration Authority)

- 1. Name of the Worker :
- 2. Name of the Father/Husband
- 3. Date of birth

(Enclose Xerox Copy of evidence Day Month Year in proof duly attested by a Group A or Group B Officer)*

4. Marital Status

(Whether married, unmarried, widow/widower):

5. Permanent address :

6. Present address :

7. State whether self-employed or employed

8. If employed, furnish the name and address of the establishment and also the name and address of the employer/contractor
9. Nature of work

10. Number of years engaged in the employment as on the date of application

11. Particulars of the members of the family

Sl. No.	Name	Age	Relationship	Marital status
(1)	(2)	(3)	(4)	(5)

12. (a) Whether the wife/husband is employed?:

(b) If so furnish details

13. Nomination for receipt of Natural Death/Accidental

Death Assistance

Name and address ** Nominee's Relationship Age of the Percentage of amount to be of the nominee/nominees with the worker nominee (1) (2) (3) (4)

Signature or left hand thumb impression of the manual worker. (Left hand thumb impression to be attested by the Registration Authority)

DECLARATION BY THE APPLICANT.***

I declare that I am not registered as a member in any other Manual Workers Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Signature or left hand thumb impression of the manual worker. (Left hand thumb impression to be attested by the Registration Authority)

*** Any false declaration/ certification will entail legal action.

^{*(}i) Birth Certificate or (ii) School Certificate or (iii) Driving Licence or (iv) Ration Card or (v) Voter's identity card or (vi) Certificate from Registered Medical Practitioner not below the rank of Civil Surgeon of a Government Hospital in the prescribed format duly signed by the worker.

^{**} Nominees shall be dependant Family Members.

	ment as a m	anual worker in the applicati	ion for registration are true to the
Place: Date:			
			Signature and name of the person / Officer issuing the certificate
*** Any false decla	ration/ certif	ication will entail legal action	1
	$\underline{\mathbf{V}}$	ERIFICATION CERTIFIC	ATE.
After d	ue verificatio	on it is certified that the partic	culars furnished in the application
and the proof of age are	e found corre	ct and recommended for regis	stration.
Place:		Village Ad	lministrative Officer /
Date:		· ·	nspector (for Chennai district)
accepted and the ap	plicant is reg	membership rejected (In case	is nil Nadu e of rejection, reason should be Officer (Social Security Scheme)district
	<u>A C K</u>	NOWLEDGEMENT	SLIP.
Received	from		residing at ion as manual worker in the Tamil
Nadu			
Office Seal:		Labour Office	er (Social Security Scheme
)		di Name :	istrict with date
			Designation: .".

(15) in Form II,-

- under the heading "SCHEME ASSISTANCES OF THE BOARD", in serial number 8, against the entry "Pension", for the expression "300", the expression "400" shall be substituted;
- under the heading "Details of Scheme Assistance provided to the worker", in the Table, for the expression "Name of the Beneficiary", the expression "Name of

- the person" shall be substituted;
- under the heading "GENERAL INSTRUCTIONS",-
- (a) for the expression "Assistant Inspector of Labour", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (b) for the expression "Board" occurring in three places, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (16) in FORM VI, for the expression "The Secretary,", the expression "The Labour Officer (Social Security Scheme), district." shall be substituted;
- (17) for FORM VII, the following Form shall be substituted, namely.-

"FORM – VII [See Clause 17(3)(b)] APPLICATION FOR PAYMENT OF COMPENSATION FOR ACCIDENTAL DEATH/ DISABILITY

To
The Labour Officer (Social Security Scheme)
district.

22. (a)Name of the registered manual worker

	(b)Address (in full) (on the date of death/ disability)	:
	(c) Age	
	(d) Registration number and date	te of
	initial registration	:
	(e) Renewal date	:
	(f) Occupation	:
2.	(a)Area	:
	(b)Place	:
	(c)District	:
3.	(a) Name of the nominee	:
	(b) Relationship with the deceased	registered manual worker
	(in the case of accidental death	_
	(c) Age of the nominee	:
	(d) Address in full (with PIN)	
	4. Whether the claimant is the regis	tered worker
	himself (in the case of accident	
	disability) or the nominee of the	
	registered manual worker?	:
5.	Date and time of accident	:
6.	Place of accident	:
	(a) at the work place	:
	(b) outside the work place	:
7. V	Whether intimation regarding accide	nt has been given
	n Form - VI as per clause 17 (3) (a)	
	Whether the accident resulted in dea	
1	oss of limb/loss of eye sight/partial	injury?
	In the case of accidental disability,	= -
	from a Civil Surgeon of the Govern	
	Hospital indicating the percentage	
	disability due to accident with det	
	obtained and enclosed in original.	:
10 ((i) Date and time of death (in the	case of accidental death):
	ii) Attested copy of First Information	
`	Station nearer to the place of acc	<u> </u>
	(iii) Post-Mortem Certificate and fi	
	Investigation Report should be	
	(iv) Death Certificate (attested copy	
	enclosed	:
		·

Signature/Thumb impression of the registered manual

worker /

nominee in case of death.

DECLARATION BY THE CLAIMANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for accidental death/disability. I

-	yed similar benefit by claim in any other Welfare Board			
or Boards constituted by the Government of Tamil Nadu or under any other Government				
schemes.				
Place :				
Date : Signature/Thumb	impression of the registered manual worker /			
-	nominee in case of death.			
* Any false declaration/ certification wil				
	SANCTION			
I hereby sanction, after due verif	ication, for payment of Rs/- (Rupeesonly)			
	lvi/Thiru/Tmt nominee of the deceased manual			
worker (Registration Number				
Number) himself.	, , 1981919191 (11981911911			
Number) innisen.				
ce: Labour Officer (Social Security Scheme)				
Date:district.				
(Affix Rubber Stamp)				
	(Ama Rubber Stamp)			
ACKNOW	LEDGEMENT SLIP			
ACKNOW	<u>LEDGEMENT SEIT</u>			
Received from Selvi/Thiru	/Tmt			
	application for sanction			
of assistance towards accidental death				
worker Selvi/Thiru/Tmt.	, ,			
manual worker Selvi/Thiru/Tmt.	, ,			
manual worker Servi/Timu/Timu	(Registration Number).			
	Labour Officer (Social Security Scheme)			
	district with date			
	Name:			
Office Cool.				
Office Seal:	Designation: .";			

"FORM -VIII [See Clause 18(2)]

APPLICATION FOR PENSION

То		
The Labour Officer (Social Security Scheme) district.		Passport size photograph
1. Name of the Applicant : :		duly signed
2. Address in full (to which pension		
is to be sent) (with PIN code) :		
3. Registration number and date :		
(Original identity Card should be enclosed)		
4. Age and date of completion of		
60 years of age :		
5. Date of completion of continuous period of		
five years as registered manual worker of the Board	:	
6. Whether the registration has been renewed regularly without any default? If so, details may be furnished :		
•		

S1	Date of initial registration/	Period of validity of registration/renewal	
No.	subsequent renewal	From	То
(1)	(2)	(3)	(4)

7. Whether in receipt of any other pension?

If so, furnish complete details

Signature/Thumb impression of the

registered

manual worker.

DECLARATION*

I hereby certify that the facts mentioned above are true to the best of my knowledge and information. I am not a registered manual worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place: Signature/Thumb impression of the registered manual worker.

Date: Name:

*Any false declaration/ certification will entail legal action

Note: 1. Besides the photograph affixed above, another passport size photograph should be enclosed with the application.

23. Incomplete applications will not be considered.

SANCTION

(Rupees	I hereby sanction, after due verification, a monthly pension of Rs/
Place:	Labour Officer (Social Security Scheme)
Date:	district.
_	ACKNOWLEDGEMENT SLIP
	Received from Selvi/Thiru/Tmt(Address in full)
	(Registration No)
	or sanction of pension.
	Labour Officer (Social Security Scheme) district with date
	Name:
Office Seal:	Designation: .";

(19) for Form-VIII-A, the following Form shall be substituted, namely:-

"FORM -VIII-A [See Clause 18(2)] APPLICATION FOR DISABILITY PENSION

To	Passport size
The Labour Officer (Social Security Scheme)	photograph
district.	duly signed
1. Name of the applicant :	
2. Address in full (to which pension	
is to be sent) (with PIN code) :	
3. Registration number and date :	
(Original identity card should be enclosed)	
4. Age and date of completion of	
60 years of age :	
5. Date of completion of continuous period of	
five years as registered manual worker of the Board :	
6. Whether the registration has been renewed	
regularly without any default? If so,	
details may be furnished :	

S1.	Date of initial registration/	Period of validity of registration/renewal	
No.	subsequent renewal	From	То
(1)	(2)	(3)	(4)

7. Whether the applicant has become disabled due to sickness and incapacitated from normal work? (If so, a certificate by a Medical Officer not below the rank of Civil Surgeon of the Government Hospital under his name and seal should be enclosed in original)

8. Whether in receipt of any other pension?

If so, furnish complete details

Signature/Thumb impression of the registered

manual worker

DECLARATION*

I hereby declare that the facts mentioned above are true to the best of my knowledge and information. I am not a registered worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as disability pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place:	Signature/Thumb impression of the registered manual worker						
Date:	Name:						
* Any false declaration	certification will entail legal action						
	otograph affixed above another passport size uld be enclosed with the application.						
2.Incomplete a	plications will not be considered.						
	SANCTION						
I hereby sanction	after due verification, a monthly pension of Rs/- (Rupees						
only) with effect from							
Office Seal:							
Place: Labour Officer (Social Security Scheme)							
Date:	district.						
	ACKNOWLEDGEMENT SLIP from Selvi/Thiru/Tmt(Address in full)						
application for salictio	of disability pension.						
	Labour Officer (Social Security Scheme) district with da Name:	ite					
Office Seal:	Designation: .";						
		—					

(20) for Form-IX, the following Form shall be substituted, namely:-

"FORM - IX

[See Clause 19(2) and 20(2)]

APPLICATION FOR PAYMENT OF FUNERAL EXPENSES/ NATURAL DEATH ASSISTANCE

To
The Labour Officer (Social Security Scheme)
.....district.

- 41. Name of the deceased registered manual worker:
- 42. Address in full (at the time of death):
- 43. Age (on the date of death):
- 44. Nature of work:
- 45. (a) Registration Number and date of initial registration. (Original Identity card should be enclosed).
 - (b) Date of last renewal, indicating the period upto which renewed
- 6. (a) Place of death
 - (b) Date of death
 - (c) Cause of death (to be indicated clearly):(Avoid indicating as "Natural Death")(Death Certificate in original shall be enclosed)
- 7. (a) Name of the nominee:
- (b) Age on the nominee (in completed years):
- (c) Address of the nominee in full indicating PIN Code:
- (d) Relationship of the nominee with the deceased registered manual worker

Signature/Thumb impression of the nominee of the registered manual worker

DECLARATION OF THE NOMINEE *

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for death/funeral expenses of the deceased manual worker.

Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes. Place: Date: Signature/Thumb impression of the nominee of the registered manual worker *Any false declaration/ certification will entail legal action **CERTIFICATE*** I hereby certify that the particulars furnished in the application are correct. Place: Members, Tamil Nadu Date: Welfare Board / President/Secretary of the Registered Trade Union of the Employment concerned/Assistant Inspector of Labour concerned /Any other officer permitted to give employment certificate. * Any false declaration/ certification will entail legal action 9. I hereby sanction, after due verification, a sum of Rs. /- (Rupees only) as assistance to Thiru/Tmt/Selvi. nominee / nominees, for the funeral of Thiru/Thirumathi/Selvi a registered manual worker. 2. I hereby sanction, after due verification, a sum of Rs. /-(Rupees only) as assistance to Thiru/Tmt/Selvi....., nominee/nominees, on the natural death of Thiru/Thirumathi/Selvi aregistered manual worker. Office Seal: LabourOfficer (Social Security Scheme Place: Date district. ACKNOWLEDGEMENT SLIP Received from Selvi/Thiru/Tmt. sanction of Funeral/Natural death assistance in respect of deceased registered manual worker Selvi/Thiru/Tmt. (Registration No.) Labour Officer (Social Security Scheme).......

district with date

Name:

I also hereby declare that I have not received similar benefit by claim in any other

Office Seal: Designation: .";

(21) for Form-X, the following Form shall be substituted, namely:-

FORM-X

$[See~Clause~21(3)]\\ APPLICATION FOR~EDUCATIONAL~ASSISTANCE~FOR~PASS~IN~10^{TH}~STANDARD~AND~12^{TH}~STANDARD~EXAMINATION.$

To
The Labour Officer (Social Security Scheme)
..... district.

(xvii) Name of the registered manual worker.

(xviii) (a) Registration Number and date of initial registration.

(Original Identity card should be enclosed).

- (b) Date of last renewal, indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered manual worker: -

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought for:

Sl.	Name	D-4 CD:-41-	Examination	Month and	Name of the
No.	(Son/Daughter)	Date of Birth	passed	Year of Pass	School studied
(1)	(2)	(3)	(4)	(5)	(6)

<u>Note:</u> <u>-</u> Xerox copy of the Mark Sheet in support of having passed the Examination, duly attested by a Group A or Group B Officer should be enclosed.

6. Number of children for whom the educational assistance has already been availed from the Board

SI. Name Son/Daughter Course for which Year of availing Amount of assistance
--

No.			assistance availed	assistance	(Rs.)
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance. I further declare that I have not availed similar assistance from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Government of	of Tamil Nadu or under any other Government schemes.
Place:	
Date:	Signature/Thumb impression of the registered manual worker
* Any false d	eclaration/ certification will entail legal action .
	CERTIFICATE*
I hereby	certify that the particulars furnished in the application are correct.
Place:	
Date:	Members, Tamil Nadu
	President/Secretary of the Regd. Trade Union of the Employment concerned/ Assistant Inspector
	of Labour concerned /Any other officer permitted to give employment certificate.
Any faise u	eclaration/ certification will entail legal action . SANCTION
educational as	by sanction, after due verification a sum of Rs/- (Rupees only) as ssistance, in respect of *Selvan/*Selvi * son/*daughter of *Thiru/Tmt nual worker (Registration No).
Office Seal:	
Place: Date:	Labour Officer (Social Security Scheme)district
	hichever is not applicable
- Rec	A C K N O W L E D G E M E N T S L I P eived from Thiru/Tmt./ Selvi/ (Registration No) claim application for sanction of educational assistance . Labour Officer (Social Security Scheme)
	Name:
Office Seal:	Designation: .";

(22) for Form-XI, the following Form shall be substituted, namely:-

"FORM-XI

[See Clause 21(3)]

APPLICATION FOR EDUCATIONAL ASSISTANCE FOR GIRL CHILDREN STUDYING IN $10^{\rm TH}$ STANDARD/ $11^{\rm TH}$ STANDARD/ $12^{\rm TH}$ STANDARD.

To

The Labour Officer (Social Security Scheme

..... district.

- 17. Name of the registered manual worker.
- 18. (a) Registration Number and date of initial registration

(Original identity card should be enclosed).

- (b) Date of last renewal, indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered manual

worker:

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the daughter for whom Educational Assistance is sought for:-

	3. Details of the daughter for whom Eddedfold Assistance is sought for.				
Sl. No.	Name	Date of Birth	(Std. $10^{\text{tn}} / 11^{\text{tn}} /$	Year of Study (indicate the academic	Name of the school with full address
			12 ^{tn})	year)	
(1)	(2)	(3)	(4)	(5)	(6)

	1			1	1		
Note	: - Certificate from	the Head Master	Principal of the School	to the effect that th	e daughter		
of the	<u>Note</u> : - Certificate from the Head Master/Principal of the School to the effect that the daughter of the registered manual worker is studying the course, should be enclosed.						
	6. Number of children for whom the assistance has already been availed from the Board:						
Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing the assistance	Amount of assistance		
(1)	(2)	(3)	(4)	(5)	(6)		
` /	. ,	, ,	, ,	, ,	. /		
			Signature/Thumb im the registered manu	=			
		DECLARA	ATION BY THE APPI				
	I hereby de		iculars furnished above		to the best		
-		e event of any of	the information given a	bove is ultimately f	ound to be		
false,		C 11 41					
hereb	by agree to refund i	n full the amount	received as assistance.				
	I also hereby de	clare that I have n	ot received similar	benefits by claim fro	om any other		
	are Board or Board	ls constituted by the	he Government of	Tamil Nadu or und	der any other		
	ernment Schemes.						
	Place:						
Date	Date : Signature/Thumb impression of the registered manual worker.						
*	*Any false declaration/ certification will entail legal action.						
			ERTIFICATE*				
	I hereby certify that the particulars furnished in the application are correct. Place:						
	Date: Members, Tamil Nadu						
Date.	Welfare Board /						
	President/Secretary of the Registered. Trade Union						
_	of the Employment concerned/ / Assistant						
Inspe	Inspector						
				ed /Any other office	er permitted		
	to give employment certificate.						
*	* Any false declaration/ certification will entail legal action						
	SANCTION						
	I hereby sanction, after due verification, a sum of Rs/- (Rupeesonly) to the claimant as educational assistance, in respect of Selvi daughter of Thiru/Tmt registered manual worker (Registration No).						

Place Labour Officer (Social Security Scheme)district Date

Office Seal:

		for sanction of education		
	Labour Office Name:	er (Social Security Scheme) district with date		
Office Seal:		Designation:	",	
(23) for Form-XI	L the following Form	shall be substituted, name	:lv·-	

"FORM-XII [See Clause 21(3)]

APPLICATION FOR EDUCATIONAL ASSISTANCE FOR HIGHER EDUCATION

To
The Labour Officer (Social Security Scheme)
..... district.

- 17. Name of the registered manual worker.
- 18. a) Registration Number and date of initial registration (Original identity card should be enclosed).
 - b) Date of last renewal, indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered manual worker :

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought:-

Sl. No.	Name	Date of Birth	Name of the course studying	Duration of the course	Name of the College/Institution with address in full
(1)	(2)	(3)	(4)	(5)	(6)

Note: - Certificate from the Principal of the College/Educational institution to the effect that the son or daughter of the registered manual worker is studying the course indicating whether a day scholar or hosteller should be enclosed in original.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Years of availing assistance Rs.	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/ Thumb impression of the registered manual worker.

DECLARATION BY THE APPLICANT.*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefit by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu

or under any other

Government Schemes. Place: Signature/Thumb impression of the registered manual

Date worker.

I hereby certify	that the above particulars	are correct.	
Place:			
Date:	Members,	Tamil Nadu	
Bute.	Walfara Roard	1 /	

^{*} Any false declaration/ certification will entail legal action .

President/Secretary of the Registered. Trade Union of the Employment concerned/ / Assistant

Inspector

of Labour concerned /Any other officer permitted to give employment certificate.

*Any false declaration/ cer	rtification will entail legal action	
	SANCTION	
only) towards education	ne verification, a sum of Rs/- (Rupees onal assistance in respect of *Selvi/*Selvan registered manual worker (Registration	
Place:	Labour Officer, (Social	Security Scheme)
Date	••••••••••••	district
* Strikeout whichever is not	applicable	
<u>A C :</u>	KNOWLEDGEMENT SLIP	
	nt registe) claim application for sanction of educat	
	Labour Officer (Social Securit	ry Scheme)district with date
	Name:	
Office Seal :	Designation:	.";
(24) for Form-XIII, the follo	owing Form shall be substituted, namely:-	
	"FORM – XIII [See Clause 22(4)]	
APPLICATION	FOR PAYMENT OF MARRIAGE ASSISTAN	NCE
То		

The Labour Officer (Social Security Scheme)

.....district.

- (17) Name of the registered manual worker.
- (18) Registration Number and date of initial registration (Original identity card should be enclosed).

- 3. Address in full with PIN Code:
- 4. (a)Particulars of the members of the family of the registered manual worker:

Sl No.	Name	Relationship	<u>Age</u>	Marital Status	
(1)	(2)	(3)	(4)	(5)	

- (b) (i) Name of the person for whose marriage the assistance is sought for
 - (ii) Relationship to the registered manual worker:
 - (iii) Age in completed years on the date of marriage:
 - (c) Names of the couple: (i) Bride
 - (ii) Groom
 - (d) Date and venue of the marriage
 - (Marriage invitation to be enclosed in original):
 - (e) Has the marriage assistance been availed earlier from the Board? If so, furnish details:

Signature/Thumb impression of the registered manual worker.

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance for the marriage of self/daughter/son.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place:

Date : Signature/Thumb impression of the

*Any false declaration/ certification will entail legal action ..

 $17.\ Name\ of\ the\ registered\ female\ manual\ worker:$

	<u>CJ</u>	ERTIFICATE*	
I hereby of	certify that the particulars furni	shed in the application form	are correct.
Place:			
Date:		Tamil Nadu	
	Welfare I		
		ecretary of the Regd. Trade	e Union of the
	Employment concerned	•	/ A 41 66'
		to give employment of	/Any other officer permitted certificate.
*Any fals	e declaration/ certification w	vill entail legal action	
		SANCTION	
I here	eby sanction, after due verifica		(Rupees only)
	rriage assistance of the son / d	laughter / self of Thiru/Tmt	registered
	manual worker of the Bo	oard (Registration number	·)
			er (Social Security Scheme)
	ed from Thiru/Tmt	LEDGEMENT SL(Registration	n No)
sanction of in	arriage assistance.		
	Lab	our Officer (Social Secu	rity Scheme) district
		with date	
	Name:		
Office Seal :		Designation:	"··
(25) for Fo	orm-XIV, the following Forn	n shall be substituted, nam	nely:-
	66	FORM – XIV	
	[S	See clause 23(3)]	
	PPLICATION FOR PAY	MENT OF MATERNITY	
FOR PREC	GNANCY OR MISCARRI		
То	A KEGISTEKED I	FEMALE MANUAL WO	JANEK
Labour Of	fficer (Social Security Scho	eme)	

- 18. (a) Registration Number and date of initial registration (Original Identity card should be enclosed).
 - (b) Date of last renewal indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Particulars of surviving son/daughter of the registered female manual worker:

Sl. No.	Name	Sex	Date of Birth	Age
(1)	(2)	(3)	(4)	(5)

- 5. Month of Pregnancy* on the date of claim application:
- *(Certificate from the Civil Assistant Surgeon of the Government Hospital in support of this should be enclosed in original)
- 6. Whether the claim is for pregnancy or miscarriage of pregnancy or termination of pregnancy? If so details may be furnished. (Certificate from the Civil Assistant Surgeon of the Government Hospital to this effect should be obtained and sent in original)
- 7. Whether the assistance has already been availed by the registered female manual worker? If so, details may be furnished:

Signature/Thumb impression of the

registered manual worker.

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes. Place :

Date:

Signature/Thumb impression of the

registered female manual worker.

*Any false declaration/ certification will entail legal action ..

Note.- (i) The Birth Certificate from the Registrar of Births of the area concerned should be obtained and sent in original for release of the assistance after the date of delivery.

(ii) In the event of untoward demise of the registered female manual worker after the 7th month of pregnancy either before delivery or three months after delivery, the fact should be reported to the Medical Officer of Primary Health Centre concerned and for Chennai district to the Health Officer concerned, immediately along with the Death Certificate in original, for sanction of Funeral Expenses (or) Natural death assistance as admissible under the Scheme.

	CERTI	FICATE*
I hereby cer		in the application form are correct.
Place:	1	11
Date:	Members,	Tamil Nadu
*Any false	Welfare Board/	
declaration/	President/Secretar	ry of the Regd. Trade Union of the
	mployment concerned// Assista	
will entail legal	• •	of Labour concerned /Any other officer permitted
action		o give employment certificate.
iction		
	_	
	SANO	<u>CTION</u>
	51111	<u> </u>
I hereby	sanction, after due verification	n, for the payment of assistance of Rs/-
-		gistered female manual worker (Registration
		egnancy / *on delivery of child / *for miscarriage
		Strike out whichever is not applicable).
or pregnancy /	erinimation of pregnancy (banke out whichever is not approache).
Office Seal:		Labour Officer (Social Security
		Scheme)district
		,
	ACKNOWL	<u>EDGEMENT SLIP</u>
Daggiyad t	rom Tmt	ragistared famala manual
		registered female manual
		plication for sanction of maternity assistance for
		nation of pregnancy in respect of the registered
female manual w	orker.	
		Labour Officer (Social Security Scheme)
* Strikeout which	hever is not applicable	district
Sumous willo	io, or is not applicable	district

(26) for Form-XV, the following Form shall be substituted, namely:-

"FORM - XV

Name:

Designation:

[See Clause 24(3)]

APPLICATION FOR REIMBURSEMENT OF COST ON PURCHASE OF SPECTACLES BY THE REGISTERED MANUAL WORKER

Office Seal:

The Labour Officer(Social Security Scheme)
district.
17. Name of the registered manual worker.
18. (a) Registration Number and date of initial registration.
(Original identity card should be enclosed).
(b) Date of last renewal indicating the
period upto which renewed
3. Address in full with PIN code:
4. Date of purchase of spectacles and its actual cost:
5. Whether certificate issued by a registered
Opthalmist is enclosed in original? :
6. Whether cash bill is enclosed in original? :
Signature/Thumb impression of the
registered manual worker.
DECLARATION BY THE APPLICANT*
(i) I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount reimbursed towards purchase of spectacles for myself.
(ii) I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes. Place:
Date: Signature/Thumb impression of the
registered manual worker. *Any false declaration/ certification will entail legal action.
Any faise declaration/ certification will chain legal action.
<u>CERTIFICATE*</u>
I hereby certify that the particulars furnished in the application form are correct. Place:
Date: Member Tamil Nadu
Welfare Board
President/Secretary of the Registered Trade Union of the Employment/ sistant Inspector of Labour concerned
/Any
other officer permitted to give employment certificate.

SANCTION

^{*}Any false declaration/ certification will entail legal action .

I hereby sanction, after due verification, the only) to Selvi/Thiru/Tmt, towar himself/herself.	e reimbursement of a sum of Rs/-(Rupees ds the actual cost on purchase of spectacles for
Office Seal:	
	The Labour Officer(Social Security Scheme)
	district
A C K N O W L E D G	EMENT SLIP
Received from Thiru/Tmt./ Selvi	
	The Labour Officer(Social Security Scheme)district
date	
	Name:
Office Seal :	Designation: .".

NOTIFICATION – XIV.

In exercise of the powers conferred by section 4 read with section 3 of the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 (Tamil Nadu Act 33 of 1982), the Governor of Tamil Nadu, after consultation with the Advisory Committee, hereby makes the following amendments to the Tamil Nadu Pottery Workers Social Security and Welfare Scheme, 2006.

2. The amendments hereby made shall come into force on the 31st day of October, 2008.

AMENDMENTS

In the said Scheme, -

- (1) in clause 9,-
 - (i) in sub-clause (1), after the expression "Board", the expression "through the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
 - (ii) in sub-clause (2),-
 - (a) after the expression "such registration shall be made", the expression "in duplicate to the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
 - (b) after item (c), the following item shall be added, namely:-
 - "(d) Village Administrative Officer and for Chennai district, the Revenue Inspector concerned.";
 - (iii) for sub-clause (3), the following sub-clause shall be substituted, namely:-
 - "(3) (a) The registration of the name of the manual worker with the Board shall be made by the Labour Officer (Social Security Scheme) of the respective district after due verification by the respective Village Administrative Officer and for Chennai district, by the Revenue Inspector concerned.
 - (b) The registration under this clause is valid for a period of two years or until the registered manual worker attains the age of sixty years, whichever is earlier.";

- (iv) in sub-clauses (4) and (5), for the expression "Board or district or local office" wherever it occurs, the expression "Labour Officer (Social Security Scheme) of the respective district "shall be substituted;
 - (v) in sub-clause (6), after item (c), the following item shall be added, namely:-
- "(d) Where the nomination made is incomplete or becomes void, the assistance shall be released to the legal heirs of the deceased registered manual worker.";
- (2) in clause 10.
 - in sub-clauses (1) and (2), for the expression "Executive Officer", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (3) in clause 11, in sub-clause (4), after the expression "Board", the expression "and the Labour Officer (Social Security Scheme) of the respective district" shall be inserted;
- (4) in clause 14, in sub-clause (3), for the expression "Executive Officer or any other officer authorised in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district, after due verification" shall be substituted;
- (5) in clause 15, for the expression "Chief Executive Officer or any other officer authorised by the Chief Executive Officer in this behalf", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (6) in clause 17,-
 - (i) in sub-clause (1), after the expression "Personal Accident Relief", the following expression shall be added, namely:-

"and where the accident results in death, their nominees are eligible for Personal Accident Relief.";

- (ii) in sub-clause (3),-
- (a) in item (a), for the expression "Board", occurring in three places, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (b) in item (e), for the expression "Board or any Officer authorised in this behalf", the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
- (7) in clause 18,-
 - 21. in sub-clause (2), for the expression "Board" occurring in five places, the expression "Labour Officer (Social Security Scheme) of the respective district" shall be substituted;
 - 22. in sub-clause (3), for the expression "Rs.300 (Rupees three hundred only)", the expression "Rs.400 (Rupees four hundred only)" shall be substituted;

- (8) in clause 19,-
 - (i) in sub-clause (1), for the expression "Secretary or any other officer authorised in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district, after due verification" shall be substituted;
 - (ii) in sub-clause (2), the expression "by the Board" shall be omitted;
- (9) in clause 20, in sub-clause (1), for the expression "Secretary or any other Officer authorized in this behalf by the Board", the expression "Labour Officer (Social Security Scheme) of the respective district, after due verification" shall be substituted;
- (10) in clause 21,-
 - (xix) for sub-clause (1), the following sub-clause shall be substituted, namely:-
 - "(1) The assistance for the education of the children of a registered manual worker shall be sanctioned by the Labour Officer (Social Security Scheme) of the respective district, after due verification, as specified in the Table below:-

THE TABLE.

Contal	Form	Course of Study	Day S	Day Scholar		steller
Serial Number	FORM	Course of Study	Boys	Girls	Boys	Girls
			Rs.	Rs.	Rs.	Rs.
1	XI	10 th Std., Studying- Girl children only		1,000		
2	X	10 th Std., passed	1,000	1,000		
3	XI	11 th Std., Studying- Girl children only		1,000		
4	XI	12 th Std. Studying – Girl children only		1,500		
5	X	12 th Std. passed	1,500	1,500		
6	XII	Studying regular Bachelor Degree course (Every academic year)	1,500	1,500	1,750	1,750
7	XII	Studying regular Post Graduate course (Every academic year)	2,000	2,000	3,000	3,000
8	XII	Studying regular Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses . (Every academic year)	2,000	2,000	4,000	4,000

9	XII	Studying regular Post Graduate Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses (Every academic year)	4,000	4,000	6,000	6,000	
10	XII	Studying ITI or Polytechnic course (Every academic year)	1,000	1,000	1,200	1,200	· ,

(xx) for sub-clause (3), the following sub-clause shall be substituted, namely:-

- "(3) The application for assistances specified in serial numbers 2 and 5 in column (1) of the Table in sub-clause (1) shall be in Form X to be submitted after passing of the course, the application for assistances specified in serial numbers 6 to 10 in column (1) of the said Table shall be in Form XII to be submitted before completion and passing of the course and the application for assistances specified in serial numbers 1,3 and 4 shall be in Form XI to be submitted before completion and passing of the course.";
- (11) in clause 22, in sub-clause (1), for the expression "Secretary or any other Officer authorised in this behalf by the Board, shall on an application from a registered manual worker", the expression "Labour Officer (Social Security Scheme) of the respective district shall, on an application from a registered manual worker, after due verification" shall be substituted;
- (12) in clause 23, for sub-clause (1), the following sub-clause shall be substituted, namely:-
 - "(1) The Labour Officer (Social Security Scheme) of the respective district shall, on an application from a registered female manual worker, sanction the assistance as indicated below, after due verification of the proof produced by her of her pregnancy or delivery of child by her or the miscarriage of her pregnancy or the termination of pregnancy:-
 - (i) Pregnancy

 Rs.6,000/(Rs.3,000/- shall be paid on the seventh month of pregnancy and remaining Rs.3,000/- shall be paid on delivery of the child)
 - (ii) Miscarriage of pregnancy -Rs.3,000/-
 - (iii) Termination of pregnancy -Rs.3,000/-.";
- (13) in clause 24,-
 - (i) in sub-clause (1), for the expression "Secretary or any other officer authorised in this behalf by the Board, shall on an application From XV from a registered manual worker", the expression "Labour Officer (Social Security Scheme) of the respective district, shall on an application From XV from a registered manual worker, after due

verification" shall be substituted;

12. (a) Whether the wife/husband is employed?:

Name and address ** Nominee's Relationship

17. Nomination for receipt of Natural Death/Accidental

with the worker

(2)

(b) If so furnish details

Death Assistance

of the nominee/nominees

(1)

- (ii) for sub-clause (2), the following sub-clause shall be substituted, namely:-
- "(2) The assistance shall be restricted to 65 registered manual workers per year in each district on "First come First serve" basis depending upon the applications received.";

Affix

Percentage of amount to

paid to each nominee

(14) for Form I, the following Form shall be substituted, namely:-

"FORM - I

[See Clause 9(2)] APPLICATION FOR REGISTRATION

	er (Social Security So	cheme),		Passport size
district				photograph
Registration No				
(to be filled in by	the Registration Aut	hority)		
1. Name of the W	orker	:		
2. Name of the Fa	ther/Husband	:		
3. Date of birth				
(Enclose Xerox	Copy of evidence	Day	Month Year	
in proof dul	y attested by a Group	pΑ		
or Group B	3 Officer)*			
4. Marital Status				
(Whether ma	arried, unmarried, wi	dow/widower):		
5. Permanent addi	ress	:		
6. Present address		:		
7. State whether s	elf-employed or emp	oloyed :		
8. If employed, fu	rnish the name and a	ddress		
of the establishm	ent and also the nam	ne and		
	mployer/contractor	:		
9. Nature of work		:		
10. Number of year	ars engaged in the en	nployment		
as on the dat	te of application	:		
11. Particulars of	the members of the f	amily		
Sl. No.	Name	Age	Relationship	Marital status
(1)	(2)	(3)	(4)	(5)
• •			. ,	

Age of the

nominee

(4)

(3)

- *(i) Birth Certificate or (ii) School Certificate or (iii) Driving Licence or (iv) Ration Card or (v) Voter's identity card or (vi) Certificate from Registered Medical Practitioner not below the rank of Civil Surgeon of a Government Hospital in the prescribed format duly signed by the worker.
- ** Nominees shall be dependant Family Members.

Signature or left hand thumb impression of the manual worker. (Left hand thumb impression to be attested by the Registration Authority)

DECLARATION BY THE APPLICANT.***

I declare that I am not registered as a member in any other Manual Workers Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Signature or left hand thumb impression of the manual worker. (Left hand thumb impression to be attested by the Registration Authority)

*** Any false declaration/ certification will entail legal action.

CERTIFICATE OF EMPLOYMENT***

CERTIFICATE OF EMILOTM	EIVI .
Certified that the particulars furnished by Thiru/Thiru, regarding employment as a manual worker in the applications of my knowledge and belief.	
best of my knowledge and benef.	
Place:	
Date:	
	Signature and name of the person / Officer issuing the certificate
*** Any false declaration/ certification will entail legal action	ı

VERIFICATION CERTIFICATE.

After due verification it is certified that the particulars furnished in the application and the proof of age are found correct and recommended for registration.

Place:	Village Administrative Officer /
Date:	Revenue Inspector (for Chennai district)

Office Note:-

Labour Officer (Social Security Scheme)

			d	istrict
	A C K	NOWLEDGEM	ENT SLIP.	
Received	from		residing gistration as manual worker in the T	at Samil
Nadu		**	3.00.00.00.00.00.00.00.00.00.00.00.00.00	W
Office Seal:		Labour	Officer (Social Security Scheme	
)			district with date	
		Name :	Designation:	,".
nu "4 • un Ta th • un (a) for Of	ader the headinber 8, again 00" shall be ader the headinble, for the ele person" shall der the heading the expression of	nst the entry "Pension", substituted; ing "Details of Scheme Axpression "Name of the all be substituted; ing "GENERAL INSTR on "Assistant Inspector Security Scheme) of the	of Labour", the expression "Labour e respective district" shall be substit	in the e of
	-		n three places, the expression "Labo ne respective district" shall be substi	

in FORM - VI, for the expression "The Secretary,", the expression "The Labour Officer

(Social Security Scheme), district." shall be substituted;

for FORM - VII, the following Form shall be substituted, namely.-

(16)

(17)

"FORM – VII

[See Clause 17(3)(b)]

APPLICATION FOR PAYMENT OF COMPENSATION FOR ACCIDENTAL DEATH/ DISABILITY

	ACCIDENTAL DEAT	H/ DISABILITY
e Labour	Officer (Social Security Scheme)	
	district.	
24.	(a)Name of the registered manual wo	orker]
	(4)	Ĵ
	(b)Address (in full)	
	(on the date of death/ disability)	:
	(c) Age	
	(d) Registration number and date of	
	initial registration	:
	(e) Renewal date	:
	(f) Occupation	:
2.	(a)Area	:
	(b)Place	:
	(c)District	:
	a) Name of the nominee	:
	(b) Relationship with the deceased regist	
	(in the case of accidental death only)	
	(c) Age of the nominee	:
	d) Address in full (with PIN)	
4	4. Whether the claimant is the registered	worker
	himself (in the case of accidental	
	disability) or the nominee of the	
_	registered manual worker?	:
5. 6.	Date and time of accident	:
0.	Place of accident	:
	(a) at the work place	:
7 W	(b) outside the work place	; s boon given
	Thether intimation regarding accident has Form - VI as per clause 17 (3) (a)?	s been given
	hether the accident resulted in death/	•
		_v ,)
	oss of limb/loss of eye sight/partial injury	=
	n the case of accidental disability, a cert	
	from a Civil Surgeon of the Government	ι
-	Hospital indicating the percentage of	

disability due to accident with details	should be
obtained and enclosed in original.	:
10 (i) Date and time of death (in the case	
(ii) Attested copy of First Information I	
Station nearer to the place of accide	ent to be enclosed:
(iii) Post-Mortem Certificate and final	
Investigation Report should be sen	it in original :
(iv) Death Certificate (attested cop	oy) should be
enclosed	:
Signature/Thu	imb impression of the registered manual
worker /	
	nominee in case of death.
DECLARATION BY	THE CLAIMANT*
I hereby declare that the particulars furnished	ed above are correct and true to the best of my
knowledge. In the event of any of the information	-
hereby agree to refund in full the amount received	
also hereby declare that I have not received simil	
or Boards constituted by the Government of Tami	l Nadu or under any other Government
schemes.	
Place: Signature/Thumb impression	n of the registered manual worker /
	nee in case of death.
* Any false declaration/ certification will entail le	
This taise declaration, certification will chain le	gar action.
SANCI	<u>CION</u>
I hereby sanction, after due verification, fo	or navment of Pa / (Puneas enly)
towards accidental death/disability to Selvi/Thiru/	1 0
) / registered worker (Registration
Number) himself.) / registered worker (Registration
ivalinoei) iliinoeii.	
Place:	Labour Officer (Social Security Scheme)
Date:	district.
	(Affix Rubber Stamp)
ACKNOWLEDG	EMENT SLIP
Received from Selvi/Thiru/Tmt	
of assistance towards accidental death/disability in	* *

		/Thiru/Tmt)/registered).
Office	Seal :		Labour Officer (Social district with date Name Design	•	e)
(18)) for F	Form-VIII, the following Form	shall be substituted, nar	nely:-	
			FORM -VIII		
		-	Clause 18(2)] CION FOR PENSION		
То					
The Labour Officer (Social Security Schen district.		· · · · · · · · · · · · · · · · · · ·	ne)	Passport si photograp	h
		he Applicant :	:	duly signe	:d
2. Address in full (to which pension is to be sent) (with PIN code)					
_	3. Registration number and date : (Original identity Card should be enclosed)				
4. Age	and d	ate of completion of	cu)		
	•	rs of age : ompletion of continuous period	of		
five	years a	as registered manual worker of	the Board :		
		he registration has been renewe without any default? If so,	ed		
_	•	y be furnished :			
	Sl.	Date of initial registration/	Period of validity of	f registration/renev	wal
+	No.	subsequent renewal	From	То	
	(1)	(2)	(3)	(4)	

S1.	Date of initial registration/	Period of validity of	f registration/renewal
No.		From	To
(1)	(2)	(3)	(4)

7. Whether in receipt of any other pension?

If so, furnish complete details

Signature/Thumb impression of the

registered

manual worker.

DECLARATION*

I hereby certify that the facts mentioned above are true to the best of my knowledge and information. I am not a registered manual worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as pension besides any other action that may be deemed fit by the appropriate authorities.

Date:	Place:	Signature/Thumb impression of the registered manual worker.			
Note: 1. Besides the photograph affixed above, another passport size photograph should be enclosed with the application. 25. Incomplete applications will not be considered. SANCTION I hereby sanction, after due verification, a monthly pension of Rs/- (Rupeesonly) with effect from	Date:	e: Name :			
photograph should be enclosed with the application. 25. Incomplete applications will not be considered. SANCTION I hereby sanction, after due verification, a monthly pension of Rs/- (Rupeesonly) with effect from	*Any false	leclaration/ certification will entail legal action			
25. Incomplete applications will not be considered. SANCTION I hereby sanction, after due verification, a monthly pension of Rs/- (Rupees	Note: 1. Be	sides the photograph affixed above, another passport size			
SANCTION I hereby sanction, after due verification, a monthly pension of Rs/- (Rupeesonly) with effect from	pho	tograph should be enclosed with the application.			
I hereby sanction, after due verification, a monthly pension of Rs/- (Rupeesonly) with effect from	25.	Incomplete applications will not be considered.			
(Rupees only) with effect from The amount shall be sent by Money Order. Place: Labour Officer (Social Security Scheme) Date:		SANCTION			
Place: Labour Officer (Social Security Scheme) Date:		I hereby sanction, after due verification, a monthly pension of Rs/-			
Date:	(Rupees				
A C K N O W L E D G E M E N T S L I P Received from Selvi/Thiru/Tmt	Place:	Labour Officer (Social Security Scheme)			
Received from Selvi/Thiru/Tmt(Address in full)	Date:	•			
		ACKNOWLEDGEMENT SLIP			
application for sanction of pension. Labour Officer (Social Security Scheme) district with date Name:					
Name:		For sanction of pension.			
		· · · · · · · · · · · · · · · · · · ·			
	Office Seal	Designation: .";			

I also hereby declare that I have not received similar benefits by claim in any other

Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other

Government schemes.

(19)for Form-VIII-A, the following Form shall be substituted, namely:-

"FORM -VIII-A [See Clause 18(2)]

APPLICATION FOR DISABILITY PENSION

MI Eleminon i or	CDIDIDIDITI I	LINDIOIN
Γο Γhe Labour Officer (Social Security Scheme) district.)	Passport size photograph
1. Name of the applicant	:	duly signed
2. Address in full (to which pension		
is to be sent) (with PIN code)	:	
3. Registration number and date	:	
(Original identity card should be enclosed)		
4. Age and date of completion of		
60 years of age	:	

5. Date of completion of continuous period of

five years as registered manual worker of the Board

6. Whether the registration has been renewed regularly without any default? If so, details may be furnished

Sl.	Date of initial registration/	Period of validity of	f registration/renewal
No.	subsequent renewal	From	To
(1)	(2)	(3)	(4)

7. Whether the applicant has become disabled due to sickness and incapacitated from normal work? (If so, a certificate by a Medical Officer

not below the rank of Civil Surgeon of the Government

Hospital under his name and seal should be

enclosed in original)

8. Whether in receipt of any other pension?

If so, furnish complete details

Signature/Thumb impression of the

registered

manual worker

DECLARATION*

I hereby declare that the facts mentioned above are true to the best of my knowledge and information. I am not a registered worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as disability pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not	received similar benefits by claim in any other
Welfare Board or Boards constituted by the	Government of Tamil Nadu or under any other
Government schemes.	
Place: Si	gnature/Thumb impression of the registered manual
worker	
Date: Name	:
* Any false declaration/ certification will en	tail legal action
Note: 1. Besides the photograph affixed abo	ove another passport size
photograph should be enclosed with	the application.
2.Incomplete applications will not be	
	SANCTION
I hereby sanction, after due verification	, a monthly pension of Rs/- (Rupees
only) with effect from	The amount shall be sent by Money Order.
Office Seal:	
Place: Labour	r Officer (Social Security Scheme)
Date:	district.
_	
ACKNOWLI	EDGEMENT SLIP
	mt(Address in full)
	(Registration No)
application for sanction of disability pension	n.
Labour Officer	Social Security Scheme) district with date
Labour Officer (Name:
Office Seal:	Designation: .";
Office Beat.	Designation ,

_

(20) for Form-IX, the following Form shall be substituted, namely:-

"FORM - IX

[See Clause 19(2) and 20(2)]

APPLICATION FOR PAYMENT OF FUNERAL EXPENSES/ NATURAL DEATH ASSISTANCE

To
The Labour Officer (Social Security Scheme)
......district.

- 46. Name of the deceased registered manual worker:
- 47. Address in full (at the time of death):
- 48. Age (on the date of death):
- 49. Nature of work:
- 50. (a) Registration Number and date of initial registration. (Original Identity card should be enclosed).
 - (b) Date of last renewal, indicating the period upto which renewed
- 6. (a) Place of death
 - (b) Date of death
 - (c) Cause of death (to be indicated clearly):

(Avoid indicating as "Natural Death")

(Death Certificate in original shall be enclosed)

- 7. (a) Name of the nominee:
- (b) Age on the nominee (in completed years):
- (c) Address of the nominee in full indicating PIN Code:
- (d) Relationship of the nominee with the deceased registered manual worker

Signature/Thumb impression of the nominee of the registered manual worker

DECLARATION OF THE NOMINEE *

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for death/funeral expenses of the deceased manual worker.

	ereby declare that I have not rece		•
Government sche	or Boards constituted by the Gove	ernment of Tamil Nadu or u	nder any other
Place:	enies.		
Date :		Signature/Thumb im nominee of the registered	-
*Any false de	eclaration/ certification will entail le	•	
•	rtify that the particulars furnished in	the application are correct.	
Place: Date:	Members, Tamil Na Welfare Board / President/Sec		,
		nployment concerned/Assista rned /Any other officer perm ficate.	
* Any false decla	aration/ certification will entail legal	action	
01	y sanction, after due verification, a sonly) as assistance to Thiru/Tmt/Selv Thirumathi/Selvi		
only) as a	sanction, after due verification, a su assistance to Thiru/Tmt/Selvi, r ni/Selvi		
Office Seal:		LabourOfficer (Social	Security Scheme
Place : Date :	•••••) district.	
	ACKNOWLEDGE	MENT SLIP	
	from Selvi/Thiru/Tmt		
sanction of Fune	ral/Natural death assistance in respe	ct of deceased registered man	
		ar Officer (Social Security Societ with date	cheme)
Office Seal:		Name: Designation:	,,, , ,

(21) for Form-X, the following Form shall be substituted, namely:-

FORM-X

$[See~Clause~21(3)] \\ APPLICATION~FOR~EDUCATIONAL~ASSISTANCE~FOR~PASS~IN~10^{TH}~STANDARD~AND~12^{TH}~STANDARD~EXAMINATION.$

To
The Labour Officer (Social Security Scheme)
district.

- 1.Name of the registered manual worker.
- 2.(a) Registration Number and date of initial registration.

(Original Identity card should be enclosed).

- (b) Date of last renewal, indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered manual worker: -

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational

e. 2 cours of the son of adaptive for whom concerns a sought for						
Sl.	Name	Data of Dinth	Examination	Month and	Name of the	
No.	(Son/Daughter)	Date of Birth	passed	Year of Pass	School studied	
(1)	(2)	(3)	(4)	(5)	(6)	

Note:- Xerox copy of the Mark Sheet in support of having passed the Examination, duly attested by a Group A or Group B Officer should be enclosed.

> 6. Number of children for whom the educational assistance has already been availed from the Board

	Sl.	Name	Son/Daughter	Course for which	Year of availing	Amount of assistance
	No.	Tvallie	Boll/Budgitter	assistance availed	assistance	(Rs.)
I	(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance. I further declare that I

Place : Date :	Cianatura/Thumb			
impression	Signature/Thumb			
impression	the registered manual works			
* Any false	declaration/ certification will entail legal action.			
<i>y</i>	CERTIFICATE*			
I hereb	y certify that the particulars furnished in the application are correct.			
Place:	y			
Date:	Members, Tamil Nadu			
	President/Secretary of the Regd. Trade Union of the Employment concerned/ Assistant Inspector			
of Labour concerned /Any other officer permitted to give employment certificate.				
* Any false	declaration/ certification will entail legal action . SANCTION			
I her	SANCTION			
I her educational registered m	SANCTION reby sanction, after due verification a sum of Rs/- (Rupees only) as assistance, in respect of *Selvan/*Selvi * son/*daughter of *Thiru/Tmt nanual worker (Registration No).			
I her educational registered m	SANCTION reby sanction, after due verification a sum of Rs/- (Rupees only) as assistance, in respect of *Selvan/*Selvi * son/*daughter of *Thiru/Tmt nanual worker (Registration No).			
I her educational registered n Office Seal: Place:	SANCTION The seby sanction, after due verification a sum of Rs/- (Rupees			
I her educational registered m Office Seal: Place: Date:	SANCTION The seby sanction, after due verification a sum of Rs/- (Rupees			
I her educational registered m Office Seal: Place: Date:	SANCTION reby sanction, after due verification a sum of Rs/- (Rupees only) as assistance, in respect of *Selvan/*Selvi * son/*daughter of *Thiru/Tmt nanual worker (Registration No). Labour Officer (Social Security Scheme)			
I hereducational registered modifice Seal: Place: Date:	SANCTION reby sanction, after due verification a sum of Rs/- (Rupees only) as assistance, in respect of *Selvan/*Selvi* son/*daughter of *Thiru/Tmt nanual worker (Registration No). Labour Officer (Social Security Scheme)			
I hereducational registered modifice Seal: Place: Date:	SANCTION reby sanction, after due verification a sum of Rs/- (Rupees only) as assistance, in respect of *Selvan/*Selvi* son/*daughter of *Thiru/Tmt nanual worker (Registration No). Labour Officer (Social Security Scheme)			
I her educational registered n Office Seal: Place: Date: * Strikeout	SANCTION reby sanction, after due verification a sum of Rs/- (Rupees only) as assistance, in respect of *Selvan/*Selvi* son/*daughter of *Thiru/Tmt nanual worker (Registration No). Labour Officer (Social Security Scheme)			
I her educational registered n Office Seal: Place: Date: * Strikeout	SANCTION reby sanction, after due verification a sum of Rs/- (Rupees only) as assistance, in respect of *Selvan/*Selvi * son/*daughter of *Thiru/Tmt nanual worker (Registration No). Labour Officer (Social Security Scheme)			

(22) for Form-XI, the following Form shall be substituted, namely:-

"FORM-XI

[See Clause 21(3)]

APPLICATION FOR EDUCATIONAL ASSISTANCE FOR GIRL CHILDREN STUDYING IN 10 $^{\rm TH}$ STANDARD/ 11 $^{\rm TH}$ STANDARD/ 12 $^{\rm TH}$ STANDARD.

To

The Labour Officer (Social Security Scheme

..... district.

- 19. Name of the registered manual worker.
- 20. (a) Registration Number and date of initial registration (Original identity card should be enclosed).
 - (b) Date of last renewal, indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered manual

worker:

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the daughter for whom Educational Assistance is sought for:-

Sl. No.	Name	Date of Birth	Standard in which studying (Std. 10 th /11 th /12 th)	Year of Study (indicate the academic year)	Name of the school with full address
(1)	(2)	(3)	(4)	(5)	(6)

<u>Note</u>: - Certificate from the Head Master/Principal of the School to the effect that the daughter of the registered manual worker is studying the course, should be enclosed.

6. Number of children for whom the assistance has already been availed from the Board:

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing the assistance	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker.

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I

<u> </u>		received similar benefits by claim from any				
	s constituted by the	e Government of Tamil Nadu or under any of	ther			
Government Schemes.						
Place:						
Date:	Sign	nature/Thumb impression of the registered n	nanual			
worker.						
*Any false declaration	on/ certification wil	ll entail legal action.				
		RTIFICATE*				
I hereby certify that t	he particulars furnish	hed in the application are correct.				
Place:						
Date:		Tamil Nadu				
	Welfare Bo					
	President/Secr	retary of the Registered. Trade Union				
		of the Employment concerned/ / Assistant	t			
Inspector						
of Labour concerned /Any other officer permitted						
	to give employment certificate.					
		so gerra and property				
	<u>S</u>	SANCTION tion, a sum of Rs/- (Rupeesonly) to	o the			
<u>-</u>	assistance, in respec	ect of Selvi daughter of Thiru/Tmt				
Office Seal: Place Labour Officer (Social Security Sc	cheme)district Date				
	ACKNOWL	EDGEMENT SLIP				
		registered manual worker for sanction of educational assistance.				
	Labour Officer Name:	(Social Security Scheme) district	with date			
Office Seal:	1,002101	Designation: .";				
		• ,				

hereby agree to refund in full the amount received as assistance.

(23) for Form-XII, the following Form shall be substituted, namely:-

"FORM-XII [See Clause 21(3)]

APPLICATION FOR EDUCATIONAL ASSISTANCE FOR HIGHER EDUCATION

To
The Labour Officer (Social Security Scheme)
.....district.

- 19. Name of the registered manual worker.
- 20. a) Registration Number and date of initial registration (Original identity card should be enclosed).
 - b) Date of last renewal, indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Details of family members of the registered manual worker :

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought:-

Sl. No.	Name	Date of Birth	Name of the course studying	Duration of the course	Name of the College/Institution with address in full
(1)	(2)	(3)	(4)	(5)	(6)

Note: - Certificate from the Principal of the College/Educational institution to the effect that the son or daughter of the registered manual worker is studying the course indicating whether a day scholar or hosteller should be enclosed in original.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Years of availing assistance Rs.	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/ Thumb impression of the registered manual worker.

DECLARATION BY THE APPLICANT.*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefit by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes. Place :

Date

Signature/Thumb impression of the registered manual worker.

CERTIFICATE* I hereby certify that the above particulars are correct. Place: Date: Members, Tamil Nadu..... Welfare Board / President/Secretary of the Registered. Trade Union of the Employment concerned/ / Assistant Inspector of Labour concerned /Any other officer permitted to give employment certificate. *Any false declaration/ certification will entail legal action ... **SANCTION** I hereby sanction, after due verification, a sum of Rs...../- (Rupeesonly) towards educational assistance in respect of *Selvi/*Selvan(*son /*daughter) of *Thiru/*Tmt..... registered manual worker (Registration number.....). Place: **Labour Officer**, (Social Security Scheme) district Date * Strikeout whichever is not applicable

ACKNOWLEDGEMENT SLI

^{*} Any false declaration/certification will entail legal action.

Labour Officer (Social Security Scheme)

district with date

Name:

Designation: .";

(24) for Form-XIII, the following Form shall be substituted, namely:-

"FORM – XIII [See Clause 22(4)]

APPLICATION FOR PAYMENT OF MARRIAGE ASSISTANCE

To
The Labour Officer (Social Security Scheme)
.....district.

- (19) Name of the registered manual worker.
- (20) Registration Number and date of initial registration (Original identity card should be enclosed).
- 3. Address in full with PIN Code:
- 4. (a)Particulars of the members of the family of the registered manual worker:

Sl No.	Name I	Relationship	Age	Marital Status	
(1)	(2)	(3)	(4)	(5)	

- (b) (i) Name of the person for whose marriage the assistance is sought for
 - (ii) Relationship to the registered manual worker:
 - (iii) Age in completed years on the date of marriage:
 - (c) Names of the couple: (i) Bride
 - (ii) Groom
 - (d) Date and venue of the marriage

(Marriage invitation to be enclosed in original):

(e) Has the marriage assistance been availed earlier from the Board? If so, furnish details:

Signature/Thumb impression of the registered manual worker.

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance for the marriage of self/daughter/son.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place:	
Date :	Signature/Thumb impression of
the	
	registered manual worker.
*Any false declaration/ cer	tification will entail legal action
	CERTIFICATE*
I hereby certify that the pa	articulars furnished in the application form are correct.
Place:	
Date:	Members, Tamil
Nadu	
	Welfare Board/
at.	President/Secretary of the Regd. Trade Union of
the	Employment concerned// Assistant
Inspector	- C I - 1 1 / A
	of Labour concerned /Any other officer permitted to give employment certificate.
*Any false declaration/certi	fication will entail legal action
This faise declaration/ certi-	
	<u>SANCTION</u>
I hereby sanction, after d	lue verification, a sum of Rs/- (Rupees only)
towards marriage assistance of	the son / daughter / self of Thiru/Tmt, registered
manual worker	r of the Board (Registration number)
	Labour Officer (Social Security Schome)
	Labour Officer (Social Security Scheme)
	district.
A C K	NOWLEDGEMENT SLIP
Received from Thiru/Tmt	(Registration No)
	claim application for

sanction of marriage assistance.

Labour Officer (Social Security Scheme)...... district with date

N	am	e	•

Office Seal: Designation: .";

(25) for Form-XIV, the following Form shall be substituted, namely:-

``FORM-XIV'

[*See* clause 23(3)]

APPLICATION FOR PAYMENT OF MATERNITY ASSISTANCE FOR PREGNANCY OR MISCARRIAGE OR TERMINATION OF PREGNANCY BY A REGISTERED FEMALE MANUAL WORKER

To

Labour Officer (Social Security Scheme)

.....district

- 19. Name of the registered female manual worker:
- 20. (a) Registration Number and date of initial registration (Original Identity card should be enclosed).
 - (b) Date of last renewal indicating the period upto which renewed
- 3. Address (in full) with PIN Code:
- 4. Particulars of surviving son/daughter of the registered female manual worker:

Sl. No.	Name	Sex	Date of Birth	Age
(1)	(2)	(3)	(4)	(5)

- 5. Month of Pregnancy* on the date of claim application:
- *(Certificate from the Civil Assistant Surgeon of the Government Hospital in support of this should be enclosed in original)
- 6. Whether the claim is for pregnancy or miscarriage of pregnancy or termination of pregnancy? If so details may be furnished. (Certificate from the Civil Assistant Surgeon of the Government Hospital to this effect should be obtained and sent in original)
- 7. Whether the assistance has already been availed by the registered female manual worker? If so, details may be furnished:

Signature/Thumb impression

of the

registered manual worker.

DECLARATION BY THE APPLICANT*

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance. I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes. Place Date Signature/Thumb impression of the registered female manual worker. *Any false declaration/ certification will entail legal action ... Note.- (i) The Birth Certificate from the Registrar of Births of the area concerned should be obtained and sent in original for release of the assistance after the date of delivery. (ii) In the event of untoward demise of the registered female manual worker after the 7th month of pregnancy either before delivery or three months after delivery, the fact should be reported to the Medical Officer of Primary Health Centre concerned and for Chennai district to the Health Officer concerned, immediately along with the Death Certificate in original, for sanction of Funeral Expenses (or) Natural death assistance as admissible under the Scheme. **CERTIFICATE*** I hereby certify that the particulars furnished in the application form are correct. Place: Members, Tamil Nadu.... Date: Welfare Board/ President/Secretary of the Regd. Trade Union of the Employment concerned// Assistant Inspector of Labour concerned /Any other officer permitted to give employment certificate. *Any false declaration/ certification will entail legal action ... **SANCTION** I hereby sanction, after due verification, for the payment of assistance of Rs...../-(Rupees...... only) to Tmt.....registered female manual worker (Registration No......) *at the time of seventh month of pregnancy / *on delivery of child / *for miscarriage of pregnancy /* termination of pregnancy (* Strike out whichever is not applicable). Office Seal: Labour Officer (Social Security Scheme) district

worker (Regi	ed from Tmt) claim appli stration Number) claim appli miscarriage of pregnancy /*terminati al worker .	cation for sanction of maternity	assistance for
* Strikeout w	hichever is not applicable	Labour Officer (Social Se	<u> </u>
		Name:	
Office Seal :		Designation:	· · · ·
(26) for I	Form-XV, the following Form shall b	•	
	"FORM [See Claus		
	APPLICATION FOR REIMB	· / =	
	HASE OF SPECTACLES BY THE	E REGISTERED MANUAL W	ORKER
To The Labour C	Officer(Social Security Scheme)		
	ne of the registered manual worker.		
2.(a) F	Registration Number and date of initia	nl registration.	
(Original identity card should be enclo	osed).	
(b)	Date of last renewal indicating the		
	period upto which renewed		
3. A	Address in full with PIN code:		
4.	Date of purchase of spectacles and its	s actual cost:	
5.	Whether certificate issued by a regis	tered	
	Opthalmist is enclosed in original?	:	
6. W	hether cash bill is enclosed in origina	1? :	
	Signature/Th	numb impression of the	
		registered manual	worker.
	·	BY THE APPLICANT*	
my knowledg	ereby declare that the particulars furn ge. In the event of any of the informate e to refund in full the amount reimbu	ion given above is ultimately fo	ound to be false,
	so hereby declare that I have not red or Boards constituted by the Goschemes.	<u>•</u>	
Date:	Signatu	re/Thumb impression of the	1
*Any false de	eclaration/ certification will entail leg		anual worker.

I hereby	certify that the particulars furnished in the application form are correct.
Place:	
Date:	Member Tamil Nadu
	President/Secretary of the Registered Trade Union of the Employment/ sistant Inspector of Labour concerned
/Any	Zimproyimento sistema inspector of Zeecour concerned
, <u>-</u>	other officer permitted to give employment certificate.
*Any false decl	aration/ certification will entail legal action.
	SANCTION
-	sanction, after due verification, the reimbursement of a sum of Rs/-(Rupees Selvi/Thiru/Tmt, towards the actual cost on purchase of spectacles for
Office Seal:	The Labour Officer (Social Security Scheme)
	The Labour Officer(Social Security Scheme) district
	ACKNOWLEDGEMENT SLIP
	from Thiru/Tmt./ Selvi registered manual worker o) application for reimbursement of cost on purchase of spectacles elf.
	The Labour Officer(Social Security Scheme)
	· · · · · · · · · · · · · · · · · · ·
	date
	Name:
Office Seal:	Designation: .".
Office Seal :	districtwith date Name:

Sd/xxxx T.PRABHAKARA RAO, PRINCIPAL SECRETARY TO GOVERNMENT.

// TRUE COPY //

SECTION OFFICER