

**Annexure I**  
**SCHEDULE II**  
**FORM – A**

[See clause 5 (2)]

**APPLICATION FOR REGISTRATION**

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

Affix  
 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 : Day Month Year  
 (Enclose Xerox copy of evidence in proof duly  
 attested by a Group A or Group B officer)\*
4. Marital status  
 (Whether married, unmarried, widow/widower) :
5. Religion :
6. Community : 

BC	MBC	SC	ST	GENERAL
----	-----	----	----	---------
7. Permanent address :
8. Present address :
9. State whether self-employed or employed :
10. If employed, furnish the name and address  
 of the establishment and also the name and  
 address of the employer/contractor
11. Nature of work :
12. Number of years engaged in the employment  
 as on the date of application :
13. Particulars of the members of the family

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

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

Signature of the manual worker

\* (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.

**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: \_\_\_\_\_ Signature and name of the person /  
**Date :** \_\_\_\_\_ 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 are found correct and recommended for registration.

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

**Office Note:-**

Application and proof verified. The recommendation of the .....is accepted and the applicant is registered as member of the Tamil Nadu Construction Workers Welfare Board.

Application for membership rejected (In case of rejection, reason should be clearly mentioned).

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

**ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....residing at  
.....application for registration as manual worker in the Tamil Nadu Construction Workers Welfare Board.

Office Seal: \_\_\_\_\_ Signature of the Labour Officer (Social Security Scheme)  
Name :

Designation:

**FORM-B**

[See clause 11(3) (a)]

**ACCIDENT INTIMATION FORM**

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

To  
The Inspector /Sub-Inspector of Police,  
.....

Sir,

Thiru/Thirumathi/Selvi/Selvan ..... son of/wife of/daughter of .....  
employed in the construction work place ..... at ..... has suffered  
loss of limbs/loss of eye-sight/total disablement/partial injury/death due to accident while engaged in  
his/her occupation/outside the workplace.

Date :

(Signature of the Employer)

Address:

Signature of the worker / nominee

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**“FORM C**  
[See clause 11(3)(b)]

**APPLICATION FOR PAYMENT OF COMPENSATION FOR  
ACCIDENTAL DEATH/ DISABILITY**

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

1. (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) Taluk :  
(d) District :  
3. (a) Name of the nominee :  
(b) Relationship with the deceased worker }  
(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 }  
manual 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. 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 :

Date : Signature of the registered manual worker / nominee in case of death.

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

### SANCTION

I hereby sanction, after due verification, a sum of Rs..... /- (Rupees..... only) as assistance to/Thiru/Tmt./Selvi..... nominee/ registered manual for the accident as death / disability of Thiru/Thirumathi/Selvi..... a registered manual worker.

Place: Labour Officer ( Social Security Scheme )

Date: .....District.

### ACKNOWLEDGEMENT SLIP

Received from Selvi/Thiru/Tmt. .... application for sanction of assistance towards accidental death/disability in respect of deceased registered manual worker Selvi/Thiru/Tmt. .... (Registration Number \_\_\_\_\_)/registered manual worker Selvi/Thiru/Tmt. ....(Registration Number \_\_\_\_\_).

Signature of the Labour Officer ( Social Security Scheme ) with date district

Name:\_\_\_\_\_

Designation:

Office Seal:

**FORM – CC**  
[ See clause 13(2)(a) ]

**APPLICATION FOR PENSION / 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 worker of the Board :
6. Whether the registration has been renewed regularly without any default? If so, details may be furnished :

Sl. No	Date of initial registration/ subsequent renewal	Period of validity of registration/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 of the registered manual worker  
nominee in case of death.

**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 pension / 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

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 verification, a monthly pension of Rs .....  
(Rupees.....only) with effect from ..... The  
amount shall be sent by Money Order.

Place:

Date: **Labour Officer ( Social Security Scheme )**  
.....**district.**

### ACKNOWLEDGEMENT SLIP

Received from Selvi/Thiru/Tmt. ....(Address in full) .....  
.....(Registration No. ....)  
application for sanction of pension / disability pension.

Signature of Labour Officer  
( Social Security Scheme ) with date  
.....district

Name:  
Office Seal :  
Designation:

**FORM – CCC**  
**[ See clause 13(2)(aa) ]**

**APPLICATION FOR FAMILY PENSION**

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

Passport Size photograph duly signed
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1. Name of the applicant :
2. Name of the deceased Pensioner :
3. Relationship of the applicant with the deceased Pensioner (Attested Legal heir Certificate should be enclosed) :
4. Address of the applicant in full (to which Family pension is to be sent) (with PIN code) :
5. Date of Death of the deceased pensioner (Attested Death Certificate should be enclosed) :
6. Applicant's Age and Date of Birth :
7. Whether the applicant is the dependant of the deceased pensioner :
8. Pension Order No & Date vide which the deceased was in drawing pension :
9. Whether in receipt of any other pension? If so, furnish complete details, :

Signature of the Applicant

**DECLARATION\*\***

I hereby declare that the facts mentioned above are true to the best of my knowledge and information. 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 family 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 including old age pension sanctioned by the Government.

Place: Signature/Thumb impression  
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. Attested death certificate
  3. Copy of pension order of the deceased
  4. Incomplete applications will not be considered.
  5. Attested Legal heir Certificate.

**SANCTION**

I hereby sanction, after due verification, including the verification of beneficiaries list of the old age pension maintained in Revenue Department, a monthly pension of **Rs.400/-** (**Rupees Four Hundred only**) with effect from .....The amount shall be sent by Money Order.

Place: Labour Officer ( Social Security Scheme )  
Date: .....district.

**ACKNOWLEDGEMENT S L I P**

Received Application form from Thiru/Tmt. .... Wife / Husband of the deceased pensioner Shri/Smt \_\_\_\_\_ who was residing at \_\_\_\_\_ (Address in full) (Registration No. of deceased pensioner ..... ) for sanction of family pension .

Signature with date  
Labour Officer (Social Security Scheme )  
.....district

Name:  
Office Seal :

**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 :
- (b) Age of the nominee (in completed years) :
- (c) Address of the nominee in full indicating PIN Code:
- (d) Relationship of the applicant with the deceased  
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 :

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

Signature of the nominee  
registered manual worker

**CERTIFICATE\*\***

I hereby certify that the particulars furnished in the application 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**

1. 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 ..... a registered manual worker.

Place : Labour Officer ( Social Security Scheme )  
Date : ..... district.

**ACKNOWLEDGEMENT S L I P**

Received from Selvi/Thiru/Tmt. .... claim  
application for sanction of Funeral/Natural death assistance in respect of deceased registered manual  
worker Selvi/Thiru/Tmt. .... (Registration No.....)

Signature of the Labour Officer  
( Social Security Scheme ) with date  
.....district

Office Seal : Name:  
Designation:.

**‘FORM - E**  
**[See clause 15 (3)]**  
**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR PASS**  
**IN 10<sup>th</sup> STANDARD AND 12<sup>th</sup> 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 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)

**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.

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)

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

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 action.

**CERTIFICATE\*\***

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

Place:

Date:

Member, Tamil Nadu Construction Workers Welfare Board /  
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, a sum Rs...../- (Rupees..... only) as educational assistance in respect of Selvan/Selvi....., \*son / \*daughter of \*Thiru/\*Tmt....., registered manual worker (Registration Number.....).

Place :

Date :

Labour Officer ( Social Security Scheme )

..... district.

\*Strike out whichever is not applicable.

**ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. ....(Registration Number .....)  
claim application for sanction of educational assistance.

Signature of the Labour Officer  
( Social Security Scheme )with date  
.....district

Name:

Designation:.”;

Office Seal :

**“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.

- 1) 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 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 of the registered manual worker.

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

**CERTIFICATE\*\***

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

Place:

Date:

Member, Tamil Nadu Construction Workers Welfare Board /  
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 payment of Rs...../- (Rupees ..... only) towards educational assistance in respect of Selvan/Selvi.....(\*son /\*daughter) of \*Thiru/\*Tmt..... registered manual worker (Registration number.....).

Place:

Date

Labour Officer ( Social Security Scheme )

.....district

\* Strike out whichever is not applicable.

**ACKNOWLEDGEMENT SLIP**

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

Signature of the Labour Officer  
( Social Security Scheme ) with date  
.....district

Name:

**Office Seal :**

**Designation:”;**

**FORM - EEE**  
[See clause 15 (3)]

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR GIRL CHILDREN STUDYING  
IN 10<sup>TH</sup> STANDARD/ 11<sup>TH</sup> STANDARD/ 12<sup>TH</sup> STANDARD.**

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 daughter for whom educational assistance is sought for:-

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

**Note:-** 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)

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 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 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:

Member, Tamil Nadu Construction Workers Welfare Board /  
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, a sum of Rs...../- (Rupees..... only) as educational assistance in respect of Selvi....., daughter of Thiru/Tmt....., registered manual worker..... (Registration No.....).

Place :

Date

**ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt.

..... registered manual worker  
(Registration No.....), claim application for sanction of educational assistance .

Place:

Date :

Office Seal :

Signature of the Labour Officer  
( Social Security Scheme ) with date.

.....district

Name :

Designation:

**FORM – F**  
**[See clause 16 (4)]**

**APPLICATION FOR PAYMENT OF MARRIAGE ASSISTANCE**

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

1. Name of the registered manual worker :
2. 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 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 of the registered manual worker.

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

**CERTIFICATE\*\***

I hereby certify that the marriage of Selvan / Selvi.....son/daughter of ....., registered manual worker (Registration Number.....)with Selvan / Selvi.....son/daughter of .....will take place on .....at..... .

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.**

**SANCTION**

I hereby sanction, after due verification, for payment 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 Scheme )  
..... district.**

**ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. ....(Registration No.....) claim application for sanction of marriage assistance.

Signature of the Labour Officer  
( Social Security Scheme ) with date  
.....district

Office Seal :

Name:

Designation:

**“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? If so, details may be furnished :

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.

**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**

Received from Tmt. ....claim application for sanction of maternity assistance for \*pregnancy/\*miscarriage of pregnancy / \*termination of pregnancy in respect of the registered female manual worker .

\* Strike out whichever is not applicable

Signature of the Labour Officer  
( Social Security Scheme ) with date  
.....district

Name:

Office Seal :

Designation:

**“FORM - H**  
**[See clause 5-A]**

**NOMINATION UNDER**  
**TAMIL NADU MAUAL WORKERS (CONSTRUCTION WORKERS)**  
**WELFARE SCHEME,1994**

Registration No. : .....

I ..... (specify name) hereby nominate the person/persons below to receive the claims due under clause 11 of the Tamil Nadu Manual Workers (Construction Workers) Welfare Scheme, 1994 in the event of my death. The nominee(s) are also entitled to receive the amount that may become payable under clause 14 and clause 14A of the Tamil Nadu Manual Workers (Construction Workers) Welfare Scheme, 1994.

Name and address of the nominee(s)	Relationship of the nominee(s) with the registered manual worker	Age of the nominee	Percentage of share to be paid to each nominee.
(1)	(2)	(3)	(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 impressed by Thiru/Thirumathi/Selvi .....after he/she has read the entries (or) after entries have been read over to him/her by me and understood by him/her.

**Place:**

**Date:**

**Labour Officer ( Social Security Scheme )**  
.....**District;**

**“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(5) of the Tamil Nadu Manual Workers (Construction Workers) Welfare Scheme, 1994, I ..... (specify name) hereby revoke my earlier nomination dated ..... and hereby nominate the person/persons below to receive claims under clauses 11 (4), 14 and 14 A of the Tamil Nadu Manual Workers (Construction Workers) Welfare Scheme, 1994 .

<b>Name and address of the nominee(s)</b>	<b>Nominee's relationship with the worker</b>	<b>Age of the nominee</b>	<b>Percentage of share to be paid to each nominee</b>
(1)	(2)	(3)	(4)

Place:

**Signature or left -hand thumb impression  
of the manual worker**

Date:

**CERTIFICATE**

Certified that the above modification of nomination has been signed/thumb-impressed by Thiru/Thirumathi/Selvi .....employed as .....after he/she has read the entries (or) after the entries have been read over to him/her by me and understood by him/her.

Place:

Date :

**Labour Officer ( Social Security Scheme )**  
**.....District.**

**“FORM - J**  
**[See clause 5 (5) ]**

**IDENTITY CARD**

**TAMIL NADU CONSTRUCTION WORKERS WELFARE BOARD, CHENNAI-600 034**

Registration number:

Date :

Photo

- (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 Officer ( Social Security  
Scheme )with Date  
..... district.

Office Seal



**“FORM - K**  
[See clause 17-A]

**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) :
- (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  
Ophthalmist is enclosed in original? :
6. Whether cash bill is enclosed in original? :

Signature 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 of the registered manual worker

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

**CERTIFICATE\*\***

I hereby certify that the above 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 / certification will entail legal action.**

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**SANCTION.**

I hereby sanction, after due verification, the reimbursement of a sum of Rs.....  
(Rupees..... only) to Thiru/Tmt/Selvi.....registered manual worker (Registration  
Number.....), towards actual cost on purchase of spectacles for himself/herself.

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

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**ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....  
.....registered manual worker (Registration No.....) application  
for reimbursement of cost on purchase of spectacles for himself/herself.

Signature of Labour Officer  
( Social Security Scheme ) with date  
.....district

Office Seal : Name:  
Designation: