

TAMIL NADU COOKING FOOD WORKERS SOCIAL SECURITY AND WELFARE SCHEME 2015

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 the Governor of Tamil Nadu, hereby makes the following scheme for the employment in Cooking Food, specified in item 19 in the schedule to the said Act:-

THE SCHEME

1. Short title, extent application and commencement:- (1) This Scheme may be called the Tamil Nadu Cooking Food Workers' Social Security and Welfare Scheme 2015

(2) It extends to the whole of the State of Tamil Nadu.

(3) It shall apply to all manual workers engaged in cooking food, cutting vegetables, serving food, cleaning utensils and also includes assistant cooks, helpers, cleaners and the workers engaged in all other allied activities of cooking food.

(4) It shall come into force on 7th July 2015.

2. Definitions:- In this Scheme, unless the context otherwise requires:-

(a) "Act" means the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 (Tamil Nadu Act 33 of 1982);

(b) "Board" means the "Tamil Nadu Cooking Food Workers' Welfare Board", established under section 6 of the Act;

(c) "dependant" in relation to a registered manual worker means any of the relatives of such deceased workman as specified below:-

(i) wife or husband, as the case may be;

(ii) children;

(iii) widow and children of the pre-deceased son; and

(iv) Parents.

(d) “family” means-

(i) in the case of a male member, his wife, children whether married or unmarried, dependent parents and the widow and children of a deceased son of the member; and

(ii) in the case of a female member, her husband, children, dependant parents and the widow and children of a deceased son of the member;

(e)“Form” means the form appended to this Scheme.

(f)“Fund” means the Tamil Nadu Cooking Food Workers’ Social Security and Welfare Fund established under the Scheme;

(g) “manual worker” means any person who has completed 18 years of age but has not completed 60 years of age and who is engaged to do any manual work in the employment of cooking food, cutting vegetables, serving food, cleaning utensils and also includes assistant cooks, helpers, cleaners and the workers engaged in all other allied activities of cooking food specified in item 19 in the Schedule to the Act;

(h) “Scheme” means the Tamil Nadu Cooking Food Workers’ Social Security and Welfare Scheme, 2015;

(i) “self employed person” means any person who has directly engaged himself in laundries and washing clothes .

(j) “self employed person” means any person who has directly engaged himself in the employment of cooking food, cutting vegetables, serving food, cleaning utensils and also includes assistant cooks, helpers, cleaners and the workers engaged in all other allied activities of cooking food specified in item 19 in the Schedule to the Act;

(k) words and expressions used in this scheme and not defined, shall have the respective meaning assigned to them in the Act.

3. Powers, duties and functions of the Board:- (1) Subject to the other provisions of the Act, the Board may take such measures, as it may consider necessary for implementing the Scheme.

(2) *The Board shall—*

(a) maintain and administer the “Tamil Nadu Cooking Food Workers” Social Security and Welfare Fund” and collect the contributions towards that Fund;

(b) subject to the provisions of the Scheme, any property vested with the Board shall be held and utilized by it only for the purpose of the Scheme;

(c) have the authority to spend such sum, as it thinks fit for the purposes of the Scheme from out of the Fund;

(d) keep proper accounts for all receipts and expenses under the Scheme;

(e) submit annual budget to the Government for sanction;

(f) submit annual report to the Government on the working of the Scheme as laid down under sub-section (5) of section 8 of the Act;

(g) submit to the Government copies of all proceedings of the meetings of the Board;

(h) make all arrangements necessary for the annual audit of accounts of the Board in accordance with the instructions issued by the Government;

(i) furnish information to the Government on such matters as the Government may refer to it from time to time.

(3) *The Board may—*

(a) accept deposits from persons, authorities or establishments on such conditions as it deems fit;

(b) borrow money with the previous permission of the Government in order to augment the sources of Funds;

(c) specify Forms, records, registers and statements if so required, in addition to such of those Forms, records, registers and statements appended to this Scheme, for the administration of the Scheme and revise any of such Forms, records, registers and also specify production of additional certificates, records along with such forms, statement etc.;

(d) make recommendations to the Government about modifications which are considered necessary in the Scheme.

4. Secretary of the Board—(1) The Chief Executive Officer of the Board shall be the Secretary to the Board.

(2) The Secretary shall, with the approval of the Chairman of the Board, issue notices to convene meetings of the Board and keep the record of minutes and shall take necessary steps for carrying out the decisions of the Board.

5. Appointment of Chief Executive Officer and other Officers and staff—(1) The Government may appoint an officer of the Labour Department not below the rank of a Labour Officer as the Chief Executive Officer of the Board.

(2) The Government may appoint a Chief Accounts Officer in the cadre of Under Secretary, Finance Department or an Accounts Officer from the Treasuries and accounts Department on foreign service terms and conditions.

(3) The Government may also appoint as many Officers, as may be necessary, on deputation from the Labour Department or from any other departments or undertakings or Corporations or Boards of the State Government or by direct recruitment as Executive Officers for the purpose of implementation of the Scheme.

(4) The Government may also appoint as many Inspectors and staff, as may be necessary, on deputation from Labour Department or from any other departments or undertakings or Corporations or Boards of the State Government or by direct recruitment for the purpose of implementation of the Scheme.

6. Chief Executive Officer of the Board, etc., to be public servants.—The Chief Executive Officer and other officers and staff of the Board appointed under this Scheme shall be deemed to be public servants within the meaning of section 21 of the Indian Penal Code, 1860 (Central Act XLV of 1860).

7. Administrative and financial powers of the Chief Executive Officer.—(1) The Chief Executive Officer of the Board may, without reference to the Board sanction expenditure on contingencies, services and purchase of articles, subject to the limit up to which he may be authorized to sanction expenditure with such restrictions imposed by the Board with the approval of the Government.

(2) The Chief Executive Officer may also exercise such administrative and financial powers other than those specified in sub-clause (1) above, as may be delegated to him from time to time by the Board with the approval of the Government.

8. Opening of district and local offices.- The Board may with the approval of the Government, open district and local offices, as it may consider necessary, for the purpose of implementing the Scheme. It may also define the functions of such Offices.

9. Registration of Manual workers.—(1) Any manual worker who has completed the age of 18 years but not completed 60 years, may register his name with the Board through the Labour Officer (Social Security Scheme) of the respective district to become a member of the Scheme.

(2) Application for such registration shall be made in duplicate to the Labour Officer (Social Security Scheme) of the respective district in the Form-I appended to this Scheme together with a certificate of employment issued by any of the persons or officers specified below:--

(a) Employer of any manual worker

** (b) President or the General Secretary of a trade union of the employment concerned, registered under the Trade Unions Act, 1926 (Central Act XVI of 1926), which has submitted the annual returns in Form E appended to the Tamil Nadu Trade Unions Regulations, 1927, to the Registrar of Trade Unions, for three consecutive years before the date of issue of certificate of employment or any other office – bearer of such trade union authorised by the President or General Secretary of the said trade union, in writing in this behalf;

(c) Any officer not below the rank of an Assistant Inspector of Labour in the Labour Department or an officer not below the rank of an Assistant Inspector of Factories in the Department of Inspectorate of Factories.;

(d) Village Administrative Officer and for Chennai District, the Revenue Inspector concerned;

** G.O.(Ms) No.78, Labour and Employment (11) Dept, Dt.15th May 2015.

(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 five years or until the registered manual worker attains the age of sixty years, whichever is earlier”]

(4) Every registered manual worker whose name has been registered under this clause will be issued with an identity card in Form-II free of cost by the Labour Officer (Social Security Scheme) of the respective district.

(5) In case of loss of the identity card, a duplicate Identity card will be issued by the Labour Officer (Social Security Scheme) of the respective district on an application made by the registered manual worker concerned and on payment of twenty rupees.

(6) (a) Every registered manual worker shall furnish name, address, relationship of the nominee to whom the benefits shall be payable in the event of his death in the application.

(b) If a manual worker has a family at the time of making a nomination, the nomination shall be made in favour of one or more members of his family. Any nomination made by such employee in favour of a person who is not a member of his family shall be void.

(c) If at the time of making a nomination the manual worker has no family, the nomination may be made in favour of any person or persons.

(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;

(i) If the manual worker subsequently acquires a family such nomination shall forthwith become invalid and the manual worker shall make within ninety days of acquiring a family, a fresh nomination in favour of one or more members of his/her family.

(ii) If a nominee predeceases the manual worker, the interest of the nominee shall revert to the manual worker who shall make a fresh nomination in respect of such interest.

10. Suspension and cancellation of membership.— (1) The Labour Officer(Social Security Scheme) of the respective district may, if he has any reasonable cause to believe that the membership and or benefit under this Scheme has been secured by a registered manual worker by making any statement in relation to, any application or the registration, which is incorrect or false in any material particular or has contravened any of the provisions of the Act, or any Rule or Scheme framed under the Act, suspend such membership pending the completion of any enquiry against the holder of such membership.

2) The Labour Officer (Social Security Scheme) of the respective district may, if he is satisfied, after making such inquiry as he may think fit, that the holder of a membership has made a false or incorrect statement of the nature referred to in sub-clause (1), or has contravened any provision of the Act or any Rule or Scheme framed under the Act, cancel such membership.

Provided that no such membership shall be cancelled unless the holder thereof has been given a reasonable opportunity of showing cause against the proposed action

(3) Every person whose membership has been cancelled shall forfeit all his claims under the Scheme.

(4) Any registered manual worker aggrieved by the orders passed by the authority referred to in sub-clause (2) is entitled to prefer an appeal to the Chief Executive Officer within thirty days from the date of receipt of such orders. The Chief executive Officer may, for valid reasons to be recorded in writing allow preference of appeal after a period of 30 days but not exceeding ninety days. On such preference of appeal the Chief Executive Officer shall dispose of the appeal within a period of three months from the date of filing of such appeal, after giving an opportunity to the aggrieved manual worker. The orders passed by the Chief Executive Officer shall be final.

11. Maintenance of registers.—(1) Every employer shall maintain a Register of Contribution in Form-III.

(2) Every employer shall maintain an Inspection Register in which the Inspector appointed for the purpose of the Scheme may record his remarks regarding any defects that may come to light at the time of his inspections.

(3) The records relating to a calendar year shall be preserved until the end of the subsequent three years.

4) The Board and the Labour officer (Social Security Scheme) of the respective district shall maintain a Register of Members in Form IV.

12. The Tamil Nadu Cooking Food Workers' Social Security and Welfare Fund:-

(1) There shall be constituted a fund called the “The Tamil Nadu Cooking Food Workers' Social Security and Welfare Fund” to which shall be credited:--

- (a) all contributions received by the Board from the Government as grant;
- (b) all contributions received by the Board under the Scheme;
- (c) all moneys received by the Board by way of sale or disposal of Properties and other assets;
- (d) interest on investments in securities and deposits and rents;
- (e) all moneys received by way of interest charged for the delayed payment of contribution under clause 27 of the Scheme; and
- (f) all moneys received by the Board in any other manner or from any other source.

(2) All moneys received by the Board and forming part of the Fund shall be kept in Current Account of any of the Nationalised Banks or any of the Co-operative Banks under the control and supervision of Tamil Nadu State Co-operative Bank or any other bank as may be specified by the Board from time to time. Such account shall be jointly operated by the Secretary of the Board and another Officer authorized by the Secretary of the Board.

13. Contributions.—(1) The contribution payable under this Scheme shall comprise contribution payable to the Board by an employer (hereinafter referred to as the “employer’s contribution”), and the grant made to the Board by the Government, from time to time as contribution to the Fund which shall form part of the Fund.

(2) All remittances payable to the fund shall be rounded off to the nearest rupee.

(3) Every employer shall pay to the Board a sum equivalent to 3% of the wages payable by him to the manual workers, employed by him, before the 15th day of every month by means of a demand draft drawn in favour of the “Secretary, Tamil Nadu Cooking Food Workers’ Welfare Board”, Payable at Chennai accompanied by a statement in Form V.

14. Renewal of Registration:-- (1) Every manual worker whose name has been registered under Clause 9, shall renew his registration before the expiry of the period of five years specified in that Clause.

(2) A registered manual worker who fails to renew his registration shall cease to be member automatically. No specific orders on the cessation of membership need be issued under this provision.

(3) A registered manual worker whose membership ceased under sub-clause (2) may be re-admitted by the Labour Officer (Social Security Scheme) of the respective district, after due verification.

(4) Notwithstanding his re-admission under sub clause (3), he shall not be eligible to claim any benefits that may become due during the period of non renewal.

15. Intimation about change of employer, employment, place etc:-- Every registered manual worker who leaves or changes his service under an employer, or changes his scheduled employment to another, or migrates from one place to another place shall, within thirty days of such change intimate the Labour Officer (Social Security Scheme) of the respective district by a letter sent by registered post or delivered in person.

16. Utilisation of Fund:-- (1) The Fund of the Scheme shall vest in and be held and applied by the Board as Trustees subject to the provisions and for the purposes of this scheme.

(2) It shall be lawful for the Board to invest the moneys in any Government Financial Institutions, Co-operative Banks, Nationalised Banks, or Corporations authorized by the Government which offers the highest rate of interest as on the date of such investment.

17 Personal Accident Relief:-- (1) All registered manual workers who met with the 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 solely and directly from accident arising out of and in the course of his employment or death but does not include any intentional self injury, suicide, attempted suicide, injury caused while under the influence of intoxicating liquor or drugs or resulting from the injured worker committing any breach of the Law or rules, regulations or instructions applicable from time to time

(2) The risk covered by the Scheme and the amount of compensation payable shall be as follows:

- (a) Death .. Rs.1,00,000
- (b) Loss of actual physical separation or total and irrecoverable loss of use of:-
- (i) both hands; or
 - (ii) both feet; or
 - (iii). one hand and one foot; or
 - (iv). total and irrecoverable loss of sight in both eyes
- } .. Rs.1,00,000
- (c) Loss of actual physical separation of or total and irrecoverable loss of use of:-
- (i) one hand; or
 - (ii) one foot; or
 - (iii) total and irrecoverable loss of sight in one eye.
- } .. Rs.50,000
- (d) Permanent total disablement from injuries other than those specified in items (b) and (c) above .. Rs.25,000
- (e) Permanent partial disablement as specified in column (1) of the Table appended hereunder At the rate the specified in the corresponding Entry in column (2) of the Table below

THE TABLE

Nature of disablement (1)	Compensation in percentage (to be applied on Rs.1,00,000/-) (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 Metacarpal	(additional)	3
1 st or 2 nd	(additional)	2
3 rd 4 th or 5 th		
12. Any other Permanent Partial disablement		Percentage as assessed by the Doctor

1[“(2-A) In case of disablement due to accident, the registered manual worker shall also be eligible to claim wheel chair or artificial limbs, in addition to the amount of compensation”.]

(3) *Claim*:- (a) Immediately upon the happening of any accident while in pursuit of his employment resulting in death or loss of limbs or loss of sight, the employer shall send a report to the Labour Officer (Social Security Scheme) of the respective district and to the Police in Form VI, within three days of such occurrence of the accident. In any other case the report of the accident may be sent to the Labour Officer (Social Security Scheme) of the respective district either by the injured worker or the nominee of the deceased worker or a representative of a trade union of the employment concerned. The Labour Officer (Social Security Scheme) of the respective district shall investigate the accident occurred, in the work place either on the report of the accident received from the employer or the injured worker or the nominee of the deceased worker or a representative of a trade union of the employment concerned.

(b) In the case of injury or loss of limbs or loss of eyesight specified in items (b) to (e) of sub-clause (3), the claim shall be made by the registered manual workers concerned, in the event of death of a registered manual workers, the claim shall be made by his nominee in Form VII.

(c) In case of death of a registered manual worker due to accident, death certificate and post-mortem certificate issued by an authority who is competent to issue such certificate 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, the claimant should produce a medical certificate issued by a medical officer not below the rank of a Civil Assistant Surgeon.

(e) The Labour Officer (Social Security Scheme) of the respective district shall after due verification, sanction the compensation in addition to provide artificial limbs or wheel chair to the claimant.

(f) The Labour Officer (Social Security Scheme) of the respective district shall after due verification, sanction the compensation to the claimant.

18. Pension Scheme.- (1) Eligibility – Every registered manual worker who has completed 60 years of age is eligible for pension.

Provided that a manual worker who has not completed 60 years of age but registered with the Board is also eligible for pension, if he has become disabled due to sickness and incapacitated from normal work.

(2) Claim.- (a) Every registered manual worker who is eligible for pension under sub-clause (1) shall apply to the Labour Officer (Social Security Scheme) of the respective district in form VIII & VIII-A as applicable.

Provided that a disabled manual worker who is eligible for pension under the proviso to sub-clause (1) should produce to the Labour Officer (Social Security Scheme) of the respective district a certificate of proof of his disability issued by a Medical Officer not below the rank of a Civil Surgeon.

(b) The Labour Officer (Social Security Scheme) of the respective district shall examine every application for pension in accordance with the provisions of this clause and may accept or reject the claim. The decision of the Labour Officer (Social Security Scheme) of the respective district shall be final;

Provided that the Labour Officer (Social Security Scheme) of the respective district shall, before rejecting a claim for pension, give the applicant a reasonable opportunity of making his representation.

(3) Amount of pension.- The quantum of pension shall be Rs.1000/- (Rupees Four hundred only).

19. Assistance to meet the funeral expenses of a registered manual worker:-- (1) If a registered manual worker dies, the Labour Officer (Social Security Scheme) of the respective district, after due verification ¹[shall sanction a sum of **Rs.5,000 (Rupees Five Thousand only)**] to the nominee of the deceased registered manual worker to meet the funeral expenses of the deceased registered manual worker.

(2) The application for claiming the amount specified in sub-clause (1) shall be in Form IX and shall be accompanied by the death certificate of the deceased registered manual worker and the original identity card issued to the deceased worker.

20. Assistance on the natural death of a registered manual worker:-- (1) If registered manual worker dies naturally, the Labour Officer (Social Security Scheme) of the respective district, after due verification ²[shall pay a sum of **Rs.20,000/- (Rupees Twenty Thousand only)**] to the nominee of the deceased registered manual worker.

(2) The application for claiming the amount specified in sub-clause (1) shall be in Form-IX and shall be accompanied by the death certificate of the deceased registered manual worker and the original identity card issued to the deceased worker.

21. Assistance for education of the son or daughter of a registered manual worker. –

(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:

^{1,2} vide G.O.Ms.No.196, Labour and Employment department, dated 17.11.2017

THE TABLE

Serial number	Form	Course of study	Day scholar		Hosteller	
			Boys Rs.	Girls Rs.	Boys Rs.	Girls 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 studying – Girl children only	-	1,000	-	-
4	XI	12 th 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)	4,000	4,000	5,000	5,000
8	XII	Studying regular Profession Course in Law, Engineering, Medicine, Veterinary Science and allied courses (Every academic year)	4,000	4,000	6,000	6,000
9	XII	Studying regular Post Graduate Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses (Every academic year)	6,000	6,000	8,000	8,000
10	XII	Studying ITI or Polytechnic course(Every academic course)	1,000	1,000	1,200	1,200

(2) The amount shall be sanctioned only if the following conditions are fulfilled, namely. -

(a) only two children of a registered manual worker shall be given this assistance; and

(b) the registered manual worker shall have no dues payable to the Board.

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

(4) Where both husband and wife have applied for assistance under this clause, one of them alone shall be eligible for such assistance.

22. Assistance for marriage. - (1) The Labour Officer (Social Security Scheme) of the respective district shall, on an application from a registered manual worker, after due verification sanction a sum of Rs.3,000/- (Rupees three thousand only) for men and Rs.5,000/- (Rupees five thousand only) for women as assistance to meet the marriage expenses of the registered manual worker or of the son or daughter of the registered manual worker, as the case may be ;

(2) The amount shall be sanctioned only if the following conditions are fulfilled, namely. –

- (a) the family of a registered manual worker can avail this assistance only twice;
- (b) the registered manual worker shall have no dues payable to the Board; and
- (c) the registered manual worker or the person for whose marriage the assistance is sought for, as the case may be, shall have attained the age prescribed by law for marriage;

(3) Where both husband and wife have applied for assistance to the marriage of his/her son or daughter under this clause, one of them alone shall be eligible for this assistance.

(4) The application for assistance under this clause shall be in Form-XIII.

23. Assistance for delivery or miscarriage of pregnancy or the termination of pregnancy by registered manual female worker:- 1[(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. 3000/- shall be paid between seventh month to ninth month of pregnancy period and remaining Rs.3000/- shall be paid from two to five month after the delivery of the child).**

- (ii) Miscarriage of pregnancy - Rs. 3,000/-.
- (iii) Termination of pregnancy - Rs. 3,000/-

(2) The amount shall be sanctioned, only if the following conditions are fulfilled, namely:-

- (a) registered female manual worker can get this assistance only twice;
- (b) registered female manual worker shall have no dues payable to the Board; and

(c) registered female manual worker shall not be given this assistance if she already has two children.

(3) The application for claiming the amount specified in sub-clause (1) shall be in Form XIV.

24. Assistance for purchase of spectacles by a registered manual worker.-

(1) The Labour Officer (Social Security Scheme) of the respective district, shall on an application Form XV from a registered manual worker, after due verification sanction a sum not exceeding Rs.500/- (Rupees five hundred only) as an assistance towards reimbursement of cost of spectacles.

(2) 1[***].

(3) The amount shall be sanctioned only if the following conditions are fulfilled, namely. -

(a) This assistance shall be given to a registered manual worker only once.

(b) The registered manual worker applying for assistance shall have no dues payable to the Board.

25. Eligibility to avail the benefits. - A registered manual worker will be eligible to avail the benefits under this Scheme only if he has not availed similar benefits of any other Schemes of the Government.

26. Penalty. - (1) If any employer who, for the purpose of avoiding any payment to be made by him under the Act or under this Scheme or if any person who, for the purpose of enabling an employer to avoid such payment, knowingly makes or causes to be made any false statement or false representation shall be punishable with fine which may extend to five hundred rupees or with imprisonment for such term which shall not exceed three months and for the second or subsequent offence with fine which may extend to one thousand rupees or with imprisonment which shall not exceed a term of six months.

(2) If an employer who contravenes or makes default in complying with any of the provisions of this Scheme shall for such contravention or noncompliance, be punishable with fine which may extend to five hundred rupees or with imprisonment for such term which 2[“shall not exceed a term of six months or with both imprisonment and fine and if the contravention is continued after conviction, with a further fine which may extended to one hundred rupees for each day on which the contravention is so continued”.]

1 [***] Omitted by G.O.Ms.No.90,Labour and Employment (I1) Dept, Dt.2th June 2015.

2 Substituted by G.O.Ms.No.168,Labour and Employment (I1) Dept, Dt.09.10.2015

27. Mode of recovery of amount from employers. - Any amount due from the employer in pursuance of the scheme shall, without prejudice to any other mode of recovery, be recoverable on behalf of the Board as an arrear of land revenue together with interest at such rate as may be notified by the Government.

28. Power to remove difficulties. - If in the opinion of the Board any difficulty or doubt arises as to the Interpretation of any of the provisions of the Scheme or in the implementation of the Scheme, the Board shall refer the question to the Government and the decision of the Government shall be final and binding.

29. Construction of reference to the registration, contribution etc., under the Tamil Nadu Manual Workers Social Security and Welfare Scheme,....- The contribution made by any manual worker and the contribution made by an employer after registration and the consequential benefits accrued to any manual worker under the Tamil Nadu Manual Workers Social Security and Welfare Scheme, shall be construed as contribution made and the benefits accrued under this Scheme.

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.

Affix
 Passport
 Size
 Photograph

Registration No.....

(to be filled in by the Registration Authority)

1["1.(a) Name of the worker :
 (b) Sex :
 (c) Religion :
 (d) Caste :
 (e) Category :

SC	ST	MBC	BC	OC
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 :“;]

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 established 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 member 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 receipts of Natural Death/Accidental
 Death Assistance :

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

*(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 Dependant Family Members.

Signature/Thumb impression of the manual worker
 (Left hand thumb impression to be attested by the
 Registering Authority)

DECLARATION BY THE APPLICANT***

In 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 scheme.

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 to be correct and recommended for registration.

Place:

Date :

Village Administrative Officer/
Revenue Inspector(for Chennai district)

Office Note:-

Application and proof verified. The recommendation of theis 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

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

Office Seal:

Labour Officer (Social Security Scheme)

District with date :

Name:

Designation :

FORM – II

[See Clause 9 (4)]

IDENTITY CARD



TAMIL NADU

.....

WELFARE
BOARD

LABOUR STATUE

IDENTITY CARD

SCHEME ASSISTANCES OF THE BOARD

1.	Accident Insurance Scheme	Rs.
	(a) Accidental Death (b) Accidental Disability	1,00,000/- Based on Extent of Disability
2.	² [Natural Death Assistance	20,000/-
3.	Funeral Expenses Assistance	5,000/-]
4.	Educational Assistance:- (a) Girl Children studying 10 th (b) 10 th Passed (c) Girl Children studying 11 th (d) Girl Children studying 12 th (e) 12 th Passed (f) Regular Degree Course with hostel facility (g) Regular Post Graduate Course with hostel facility (h) Professional Degree Course With Hostel Facility (i) Professional PG Course With Hostel Facility (j) I.T.I. or Polytechnic With Hostel Facility	1,000/- 1,000/- 1,000/- 1,500/- 1,500/- 1,500/- 1,750/- 4,000/- 5,000/- 4,000/- 6,000/- 6,000/- 8,000/- 1,000/- 1,200/-
5.	Marriage Assistance	For Women- 5,000/- For Men -3,000/-
6.	Maternity Assistance	6,000/- ¹[Rs.3000/- seventh month to ninth month of pregnancy & Rs.3000/- Second to fifth months after the delivery]
7.	Reimbursement of Cost of Spectacles	Upto 500/-
8.	Pension	1000/- per month

1 vide G.O.(D) No.230, Labour and Employment Department dt.01.12.2016

2 vide G.O.(D) No.196, Labour and Employment Department dt.17.11.2017



TAMIL NADU

.....

WELFARE
BOARD

Affix
Passport
Size
Photograph

Registration No. :

Date :

1["1. (a) Name of the worker :

(b) Sex :

(c) Religion :

(d) Caste :

(e) Category :

SC	ST	MBC	BC	OC	: " ;]
----	----	-----	----	----	---------

2. Father / Husband :

3. Date of Birth / Age :

4. Employment :

Registration should be renewed before

- 1. Permanent Address :

- 2. Present Address :

- 3. Marital Status :

- 4. Details of Nominees :

- 5. Registration Number if
Member of Trade Union :

Signature of the Worker

Signature of the Officer
Labour Officer
(Social Security Scheme)
.....District

Details of Scheme Assistance provided to the worker

Sl. No.	Name of the Assistance provided	¹ [Name of the Person]	File No. and Date	Amount distributed	Signature of the Officer

¹ substituted by G.O.Ms.No.122, Labour and Employment (I1), 24th October 2008.

Renewal details

Date of Renewal	Receipt No. and Date	Next Renewal Date	Signature of the Renewing Officer with seal

GENERAL INSTRUCTIONS

- The Registering individual should have completed 18 years of age and below 60 years of age.
- No Registration / Renewal Fee.
- Registration should be renewed once in five years.
- In case of loss of Identity Card, Duplicate Identity Card may be collected from the Labour Officer (Social Security Scheme) of the respective district by remitting Rs. 20/-
- In case of change of Residence new address should be intimated to the Labour Officer (Social Security Scheme) of the respective district.
- After Marriage of the worker, application should be made to the Labour Officer (Social Security Scheme) of the respective district for change of nominee in the Original Registration Application Form.
- In the event of death of the worker, the original identity card should be surrendered to the Labour Officer (Social Security Scheme) of the respective district along with the application for Natural Death Assistance.
- The Original identity card should be enclosed along with claim application each time when the Assistance is sought for.
- **1[All assistances should be extended to the beneficiary through “RECS” system of Banking services]**

1 vide G.O.(D) No.102, Labour and Employment (I-1) Department,dated 8.11.2011.

UZHAIPPOM
UYARVOM



G. 133, Chinthamani Co-operative Commercial Complex,
Anna Nagar East, Chennai – 600 102. Phone : 26631147

FORM – III

[See Clause 11 (1)]

1. Name and address of the Employer :
2. Name of the establishment :

REGISTER OF CONTRIBUTION

Name of the worker	Registration No.	Nature of employment	Wages earned during the month	Total Wages	Employers' Contribution made to the Board	Particulars of D.D. No. date and name of the Bank
(1)	(2)	(3)	(4)	(5)	(6)	(7)

1["FORM – IV

[See Clause 11 (4)]

MEMBERSHIP REGISTER

Serial Number	Name of the Manual worker	Sex	Religion	Caste	Category	Name and address of the establishment (in case of self employed worker indicate the same)	Date of Registration	Registration Number
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

"]

FORM – V

[See Clause 13 (3)]

1. Name and address :

2. Name of the establishment :

STATEMENT OF CONTRIBUTION

Sl. No.	Name of the worker	Registration No.	Nature of Employment	Wages earned during the month	Total Wages	Employees Contribution made to the Board	Particulars of DD (No., Date and Name of the Bank)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

FORM – VI

[See Clause 17 (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 ofemployed in the work
place..... has suffered loss of limbs
/ loss of eye-sight/total disablement/partial injury/ 1[“**death due to accident occurred on
the (date) at (time)**”.]

(Signature of the Employer)

Address:

Date:

Signature of the Worker/Nominee/
Representative of a Trade Union.

1 Substituted by G.O.Ms.No.168,Labour and Employment (11) Dept, Dt.09.10.2015

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/PROVISION OF ARTIFICIAL LIMBS OR WHEEL CHAIR

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)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 :
- (a)at the work place
- (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. :
- 1["9-A In the case of accidental disability, whether the applicant requires wheel chair/artificial limbs (strike out whichever is not applicable).";]** :

- 10.(i)Date and time of death(in case of accidental death) :
(ii)Attested copy of First Information Report from
the Police Station nearer to the place of accident
to be closed :
(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 **1[of compensation and / or value of artificial limbs or wheel chair]** 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.

SANCTION

I hereby sanction, after due verification, for payment of Rs...../- (Rupees..... only) towards accidental death/disability/**2[provision of artificial limbs or wheel chair]** to Selvi/Thiru/Tmt.....nominee of the deceased manual worker/ egistered worker himself.

Office Seal:

Labour Officer (Social Security Scheme)

.....district.

(Affix Rubber Stamp)

Place:

Date :

ACKNOWLEDGEMENT SLIP

Received from Selvi / Thiru/ Tmt.....

.....application for sanction of assistance towards
accidental death / disability/**3[provision of artificial limbs or wheel chair]** in respect of
deceased registered manual worker Selvi/ Thiru/ Tmt,
.....(Registration Number) /
registered manual worker Selvi / Thiru /
Tmt.....

(Registration Number)

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

Name :

Designation:

Office Seal:

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 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:

Designation:

Office Seal:

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. 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/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 verification a monthly pension of Rs...../-(Rupeesonly) with effect from.....The amount shall be sent by money order.

Office Seal:
Place:
Date: **Labour Officer (Social Security Scheme)**
.....District

ACKNOWLEDGEMENT SLIP

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

Labour Officer (Social Security Scheme).....district with date
Name:
Office Seal: Designation:

[After Form VIII-A the following Form - VIII-B shall be inserted namely:-]

FORM VIII-B
[see clause 17(3)]
APPLICATION FOR ARTIFICIAL AIDS.

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

Passport size
Photograph
duly signed

Sir,

Sub: Application for sanction of payment for purchase of/reimbursement
of /issue of Artificial Aids.

- 1.Name of the Applicant :
2.Address in full(to which payment
is to be sent)(with PIN code) :
3.Registration number and date
(Original identity card should be enclosed) :
4.Age and Date of Birth :
5.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)

(Original receipt for registration and last renewal to be enclosed)

- 6.Whether the applicant has become disabled
due to sickness and incapacitated from normal
work? Nature of disablement(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 along with recommendation of the Medical Officer for
the use of **artificial aids**) :

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 **for artificial aids** 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: _____ registered manual worker.

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 for Rs...../-(Rupees
.....only)The amount shall be sent by money
order/Cheque/through Bank

Office Seal:

Place:

Date:

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

ACKNOWLEDGEMENT SLIP

Received from Selvi/Thiru/Tmt..... (Address in
full).....(Registration No.)
application for sanction of **artificial aids**.

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

Name:

Office Seal:

Designation:

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.

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------|---|
| 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:	Signature/Thumb impression
Date :	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,.....TamilNadu.....
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

1.I hereby sanction, after due verification, a sum of Rs...../-
(Rupees.....only) as assistance to Thiru/tm,t/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.

Office Seal:

Place:

Labour Officer (Social Security Scheme)

Date :

.....district.

ACKNOWLEDGEMENT SLIP

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.....)

Labour Officer (Social Security Scheme)

.....district with date

Name:

Office Seal:

Designation:

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

FORM-X

[See Clause 21(3)]

**APPLICATION FOR EDUCATION ASSISTANCE FOR PASS IN
10TH STANDARD AND 12TH 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.

- 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

*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.....
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...../-
(Rupees.....only) as educational assistance, in respect of
*Selvan/*Selvi.....*Son/*daughter of *Thiru/Tmt.....
registered manual worker (Registration No.....).

Office Seal:

Place:

Date:

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

*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

Office Seal:

Name:

Designation:

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 /12TH 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 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)

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 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 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 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...../-
(Rupees.....only) claimant as educational assistance, in respect of
Selvi.....daughter of Thiru/Tmt.....
Registered manual worker (Registration No.....).

Office Seal:

Place:

Date:

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

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:

Designation:

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.

- 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	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	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 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.

*Any false declaration/certification will entail legal action.

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...../-
(Rupees.....only) towards educational assistance, in respect of
*Selvan/*Selvi.....(*Son/*daughter) of *Thiru/*Tmt.....
Registered manual worker (Registration No.....).

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

Office Seal:

Name:

Designation:

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.

- 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/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 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.....
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...../-
(Rupees.....only) towards marriage assistance of the son/daughter/self of
Thiru/Tmt.....registered manual worker of the Board (Registration
No.....).

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

ACKNOWLEDGEMENT SLIP

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

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

Office Seal:

Name:

Designation:

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
 The Labour Officer (Social Security Scheme)
district

- 1.Name of the registered female 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 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 Register 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 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 from 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, for the payment of assistance of Rs...../-
 (Rupeesonly) 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)
district

Name:

Office Seal:

Designation:

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

FORM-XV
[See Clause 24(1)]
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/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 reimbursement towards purchase of spectacles for myself.

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.

CERTIFICATE*

I hereby certify that the particulars furnished in the application from 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, the reimbursement of a sum of Rs...../-
(Rupeesonly) to Selvi/Thiru/Tmt..... ,
towards the actual cost on purchase of spectacles for himself/herself.

Office Seal:

Labour officer (Social Security Scheme)
.....district.

ACKNOWLEDGEMENT SLIP

Received from Thiru/Tmt/Selvi.....registered manual
worker(Registration Number.....) application for reimbursement of cost on
purchase of spectacles for himself/herself.

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

Office Seal:

Name:
Designation:
