

# **Tamil Nadu Manual Workers (Construction Workers) Welfare Scheme, 1994**

TAMILNADU

India

## **Tamil Nadu Manual Workers (Construction Workers) Welfare Scheme, 1994**

### **Rule**

### **TAMIL-NADU-MANUAL-WORKERS-CONSTRUCTION-WORKERS-WELFARE SCHEME of 1994**

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Tamil Nadu Manual Workers (Construction Workers) Welfare Scheme, 1994Published vide Notification No. G. O. MS. NO. 198, L. & E, dated 4th October 1994Published in Part III, section 1 (a) of the Tamil Nadu Government Gazette Extraordinary, dated the 6th October 1994.G. O. MS. NO. 198, L. & E, dated 4th October 1994. - In exercise of the powers conferred by section 4 of the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 (Tamil Nadu Act 33 of 1982), the Governor of Tamil Nadu hereby makes the following Scheme for the employment in construction or maintenance of dams, bridges, roads or in any building operations, the draft of the same having been previously published as required under section 4 of the said Act:-

### **1. Short title, extent, application and commencement.**

(1)This Scheme may be called the Tamil Nadu Manual Workers (Construction Workers) Welfare Scheme, 1994.(2)It extends to the whole of the State of Tamil Nadu.(3)[ It shall apply to the manual workers engaged in construction or maintenance of dams, bridges, roads or in any building operation [or stone breaking or stone crushing or construction of pandals or brick manufactory other than the brick manufactory under the Factories Act, 1948 (Central Act 63 of 1948)] [Vide G. O. Ms. No. 59, Labour and Employment (1-1), dated the 28th March 2001 With effect from 11th April 2000.]].(4)It shall come into force at once in the City of [Chennai] [Substituted for the word 'Madras' by City of Madras (Alteration of Name) Act, 1996 (Tamil Nadu Act 28 of 1996).], the City of Madurai and the City of Coimbatore and it shall come into force in other areas on such date as the State Government may by notification, appoint and different dates may be appointed for different areas.

## 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);(aa)[ "family" ,means- [Inserted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.](i)in the case of male member, his wife, children whether married or unmarried, dependent parents and the widow and children of the deceased son of the member;(ii)in case of a female member, her husband, children, dependent parents and widow and children of a deceased son of the member;](b)"General Fund" means the Manual Workers General Welfare Fund constituted under clause 9;(c)[ "Manual Worker" means any person who has completed [eighteen years] [With effect from 28th March 2001, vide G. O. Ms. No. 59, Labour and Employment (1-1), dated the 28th March 2001.] of age but has not completed sixty years of age and who is engaged to do any manual, work in construction or maintenance of dams, bridges, roads or in any building operations [or stone breaking or stone crushing or construction of pan-dais or brick manufactory other than the brick manufactory under the Factories Act, 1948 (Central Act 63 of 1948)] [Inserted by G. O. Ms. No. 59, L&E, dated 28th March, 2001 with effect from 28th March 2001.] as a worker falling under any one of the classes of workers specified in Schedule I;](d)"Schedule" means a Schedule appended to this scheme;(e)words and phrases used, but not defined in the scheme shall have the respective meaning assigned to them in the Act.

## 3. Objects.

- The object of the scheme is to provide for the following welfare measures for the manual workers engaged in construction or maintenance of dams, bridges, roads or in any building operations, namely:-(1)Creches;(2)[ Personal Accident Relief;] [Substituted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.](3)Provident Fund and Employees' State Insurance Scheme;(4)Pension Scheme;(5)[ Assistance to meet the funeral expenses of a registered manual worker;] [Substituted by G. O. Ms. No. 200, L&E (1-1), dated the 15th November 1999.][(5-A) Assistance on the natural death of a registered manual worker;] [Added by G. O. Ms. No. 200, L&E (1-1), dated the 15th November 1999.](6)[ Assistance for the education of the son or daughter of a registered manual worker;] [Added by G. O. Ms. No. 139, L&E (1-1), dated the 3rd November, 1998.](7)Assistance for marriage of the son or daughter of a registered manual worker;(8)[ Assistance for the delivery of a child or the miscarriage of pregnancy or the termination of pregnancy, by a registered woman manual worker.] [Substituted by G. O. Ms. No. 200, L&E (1-1), dated the 15th November, 1999.]

## 4. Powers 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 carrying out the objects of the scheme set out in clause 3.(2)The Board may create such number of posts of officers including the Secretary and other employees as are necessary and appoint persons to such posts on such terms and conditions of service as it may deem fit:Provided that no post equivalent to a post in Group A or Group B in the State Government service shall be created and appointment to such post shall be made by the Board except with the previous approval

of the State Government.(3)The Board shall-(a)subject to availability of funds, provide for the welfare of registered manual workers including medical services;(b)subject to availability of funds, provide health and safety measures in places where the registered manual workers are employed;(c)maintain and administer the General Fund and recover the contribution towards that Fund;(d)maintain and administer Provident Fund for registered manual workers when such fund is constituted;(e)subject to the provisions of the scheme, any property vested with the Board shall be held and utilised by it only for the purpose of the scheme.(4)The Board may, with the previous permission of the State Government, borrow money in order to augment its resources.(5)The Board may accept deposits from persons, authorities or establishments with whom it has to transact any business, on such condition as it deems fit.(6)The Board shall have the authority to spend such sum as it thinks fit for the purposes of the scheme from out of the General Fund.(7)The Board shall keep proper accounts for all receipts and expenses under the scheme.(8)The Board shall submit to the State Government copies of proceedings of the meetings of the Board.(9)The Board may,-(a)prescribe forms, records, registers, statements required for the administration of the scheme;(b)sanction the annual budget;(c)make recommendations to the State Government about any modifications in the scheme.

## 5. Registration of manual workers.

(1)Any manual worker may register his name with the Board [through the Labour Officer (Social Security Scheme) of the respective District] [Inserted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.] for the purpose of the scheme.(2)[ Application for such registration shall be made [in duplicate to the Labour Officer (Social Security Scheme) of the respective district,] [Substituted by G. O. Ms. No. 200, Labour and Employment (1-1), dated the 15th November 1999.] in Form A in Schedule II together with the certificate of employment issued by any of the persons or authorities specified below: -(a)Employer engaged in construction industry for purpose of trade or business;(b)Registered contractor;(c)Government organisations or agencies engaged in building industry; and(d)Registered Trade Union.(e)[ Village Administrative Officer concerned and for Chennai district the Revenue Inspector concerned.] [Inserted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.]]Two passport size photographs of the applicant should accompany each application. One of the passport size photographs should be pasted on the application in the place provided for it. The second passport size photograph should be enclosed in a cover and attached to the application. The applicant should write his/her name on the reverse of the photograph. The person issuing the certificate of employment under this clause should attest both the photographs.(3)The fee for such registration shall be Rs. 25.(4)[ (a) The registration of the name of the manual worker with the Board shall be made by the Labour Officer (Social Security Scheme) of the respective District after due verification by the respective Village Administrative Officer and for Chennai district by the Revenue Inspector concerned.(b)The registration under this clause is valid for a period of [five years] or when the registered manual worker attains the age of sixty years whichever is earlier.](5)[ Every manual worker whose name has been registered under this clause shall be issued with an identity card in Form J at free of cost.] [Substituted by G. O. Ms. No. 200, L&E (1-1), dated the 15th November 1999.]

## **5A. [ Nomination. [Inserted by G. O. Ms. No. 200, L&E (1-1), dated the 15th November 1999.]**

(1) Every manual worker shall, at the time of making the application for his/her registration with the Board [through the Labour Officer (Social Security Scheme) of the respective district] [Substituted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.], make a nomination in Form H for the purpose of sub-clause (5) of clause 11 and clauses 14 and 14-A. (2) A manual worker may, in his /her nomination, distribute the amount payable under sub-clause (4) of clause 11 and clauses 14 and 14-A amongst more than one nominee. (3) 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. (4) 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. 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. (5) A nomination may, subject to the provision of sub-clause (4), be modified by a manual worker at any time after giving to the [Board, through the Labour Officer (Social Security Scheme) of the respective district,] [Substituted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.] a written notice in Form I of his/her intention to do so. (6) 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 Form H in respect of such interest. (7) Every nomination, fresh nomination, or alteration of nomination, as the case may be, shall be sent by the registered manual worker to the Board [through the Labour Officer (Social Security Scheme) of the respective district] [Inserted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.], which shall keep the same in safe custody. (8) [Where the nomination made is incomplete or becomes void, the assistance shall be released to the legal heirs of the deceased registered manual worker.] [Inserted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.]

## **6. Renewal of registration.**

- Every manual worker whose name has been registered under clause (5) shall renew his/her initial registration or the subsequent renewal of his/her registration before the expiry of the period as specified in the Table below. If the registration is not renewed within the period stipulated in column (2) of the Table below, [the Labour Officer (Social Security Scheme) of the respective District after due verification] [Substituted for 'the Secretary or any other officer authorised in this behalf by the Board' by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.], shall take action as is specified in column (4) and column (5) corresponding to the period specified in columns (1) and (2) of the Table.

Date of registration/renewal of registration	Period before which registration should be renewed	Fee for renewal	Period by which notice for cancellation of registration should be sent	Period by which registration should be cancelled
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(1)	(2)	(3)	(4)	(5)
Any day between First January and Thirtieth June of a year.	After five years from the date of initial registration or subsequent renewal but before Thirtieth June of that year.	Rupees Ten.	After the expiry of the period specified in column (2) and on or after the First July but before Thirty-first August of that year.	If the registration is not renewed within one month after the issue of the notice specified in column 4
Any day on or between First July and Thirty-first of December of a year.	After five years from the date of initial registration or subsequent renewal but before Thirty-first of December of that year.	Rupees Ten.	After the expiry of the period specified in column (2) and on or after the First January but before 28th February of the succeeding year.	If the registration is not renewed within one month after the issue of the notice specified in column (4).

**6A. [ Suspension and cancellation of registration. [Inserted by G. O. Ms. No. 59, L&E (1-1), dated the 28th March, 2001 (with effect from 11th April 2000).]**

(1)The [Labour Officer (Social Security Scheme) of the respective district] may, if he has any reasonable cause to believe that the registration under this scheme has been secured by a manual worker, by making any statement in relation to any application for registration, which is incorrect or false or has contravened any of the provisions of the Act, or rule or scheme framed under this Act, suspend such regulation pending completion of any enquiry against the registered manual worker.(2)The [Labour Officer (Social Security Scheme) of the respective district] [Substituted for 'Secretary' by G.O. Ms. No. 122, dated 24.10.2008. published dated 31.10.2008.] may, if he is satisfied after making such enquiry as he may think fit that the registered manual worker has made a false or incorrect statement of the nature referred to in sub-clause (1) or has contravened any of the provisions of the Act, or rule or scheme framed under this Act, cancel such registration:Provided that, no such registration shall be cancelled, unless the manual worker thereof has been given a reasonable opportunity of showing cause against the proposed action.(3)Every person whose registration has been cancelled shall forfeit all his claims under the scheme.(4)Any registered manual worker aggrieved by the orders passed under sub-clauses (1) and (2) may prefer an appeal to the Secretary of the Board within thirty days from the date of receipt of such order:Provided that if the appellate authority satisfies that there is sufficient cause for the delay, he may, after recording the reasons in writing, entertain appeal after a period of thirty days but within a period of ninety days.(5)An appeal shall be disposed off within a period of three months from the date of filing of such appeal, after giving an opportunity to the appellant. The orders passed in appeal shall be final.]

**7. [ Supply of duplicate Identity Card. [Substituted by G. O. Ms. No. 200, L&E (1-1), dated the 15th November 1999.]**

- In the case of loss of identify card issued under sub-clause (5) of clause 5, a duplicate identify card will be issued by the Board [through the Labour Officer (Social Security Scheme) of the respective district after verification] either on an application by the registered manual worker concerned, or in the event of his death, by his nominee. The fee for the issue of a duplicate card shall be rupees twenty only.]

## **8. Maintenance of registers.**

(1)The Board [and the Labour Officer (Social Security Scheme) of the respective district] [Inserted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.] shall maintain a register containing the names and addresses of the manual workers registered under the scheme and such other particulars as the Board may consider necessary.(2)The Board may maintain such other records and registers as it considers necessary.

## **9. Manual Workers' Welfare Fund.**

(1)There shall be constituted a fund called the "Manual Workers General Welfare Fund" to which shall be credited-(a)all moneys received by the Board from the State Government;(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 investment in securities and deposits and rents; and(e)all moneys received by the Board in any other manner or from any other source;(2)The General Fund constituted under the scheme shall vest in, and be held and applied by, the Board for the purposes of implementation of the scheme.(3)All moneys forming part of the General Fund shall be kept in Current Account or Deposit Account with the Reserve Bank of India or in any Nationalised Bank or in any other Banks or Financial Institutions approved by the Government, from time to time. Such accounts shall be operated by such officers of the Board as may be authorised by it.

## **10. Creches.**

- Creches shall be provided and administered by the Board in appropriate locations at work sites and residential areas wherever necessary in order to cater to the needs of the babies of women construction workers. The Board may involve organisations of workers and voluntary organisations towards discharging this obligation.

## **11. [ Personal Accident Relief. [Substituted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.]**

(1)All registered manual workers when met with an accident are eligible for Personal Accident Relief and where the accident results in death, their nominees are eligible for Personal Accident Relief.Explanation. - For the purpose of this clause, "accident" means any bodily injury [\*\*\*] or loss of limbs or loss of sight resulting to a registered manual workers solely and directly from accident arising out of and in the course of his employment [or death] [Inserted by G.O. Ms. No. 34, dated

28.02.2011, published dated 01.03.2011.] but does not include any intentional self injury, suicide, attempted suicide, injury caused while under the influence of intoxicating liquor or drugs or caused by insanity or resulting from the commission of any breach of the law, or rules, regulations or instructions applicable, from time to time.(2)The risk covered by the Personal Accident Relief scheme and the amount of compensation payable shall be as follows:-

- (a) Death .. Rs. 1,00,000
- (b) Loss or actual physical separation of or total and irrecoverable loss of use of:-
- (i) both hands; or
- (ii) both feet; or .. Rs.1,00,000
- (iii) one hand and one foot; or
- (iv) total and irrecoverable loss of sight in both eyes
- (c) Loss or actual physical separation of or total and irrecoverable loss of use of:-
- (i) one hand; or-
- (ii) one foot; or Rs.50,000
- (iii) total and irrecoverable loss of sight in one eye.

(d) Permanent total disablement from injuries other than

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

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

Nature of disablement	Compensation in percentage (to be applied on Rs.1,00,000/-)	
(1)	(2)	Percent
1. Loss of toes	All	20
	Great both phalanges	5
	Great one phalanx	2
	Other than great, if more than one toe lost, each	1
2. Loss of hearing	Both ears	50
3. Loss of hearing	One ear	15
4. Loss of four fingers and thumb of one hand		40
5. Loss of four fingers		35
6. Loss of thumb	Both Phalanges	25
7. Loss of index finger	Three Phalanges	10
	Two Phalanges	8
	One Phalanx	4
8. Loss of middle finger	Three Phalanges	6
	Two Phalanges	4

	One Phalanx	2
9. Loss of ring finger	Three Phalanges	5
	Two Phalanges	4
	One Phalanx	2
10. Loss of little finger	Three Phalanges	4
	Two Phalanges	3
	One Phalanx	2
11. Loss of Metacarpals		
1st or 2nd	(additional)	3
3rd 4th or 5th	(additional)	2
12. Any other permanent partial disablement		Percentage as assessed by the Doctor

(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 B in Schedule II 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.] [Substituted by G.O. Ms. No. 34, dated 28.02.2011, published dated 01.03.2011.](b) In case of injury or loss of limbs or loss of eyesight specified in items (b) to (e) of sub-clause (2), the claim shall be made by the registered manual worker concerned and in the event of death of a registered manual worker within the work place, the claim shall be made by the nominee in Form C in Schedule II, in duplicate.(c) In case of death of a registered manual worker due to accident [\*\*\*] [Words 'arising out of and in the course of employment' omitted by G.O. Ms. No. 34, dated 28.02.2011, published dated 01.03.2011.] First Information Report, death certificate and post-mortem certificate issued by an authority who is competent to issue such certificate or any other documents called for by the Labour Officer (Social Security Scheme) of the respective district shall be produced by the claimant. If there is delay for more than thirty days in getting the post mortem certificate, the certificate given by the Tahsildar in this regard shall be produced.(d) In case of loss of limbs or loss of eyesight or partial disablement due to accident arising out of and in the course of employment, the claimant should produce First Information Report, discharge summary, medical certificate, disability certificate with percentage of disability issued by a medical officer not below the rank of a Civil Assistant Surgeon or by a Government Medical Officer who treated the claimant.(e) The Labour Officer (Social Security Scheme) of the respective district shall, after due verification, sanction the compensation to the claimant.]



## **12. Provident Fund and Employees' State Insurance Scheme.**

- The Board shall, in consultation with the authorities concerned and with the prior approval of the State Government, formulate appropriate Schemes for providing Contributory Provident Fund and Employees' State Insurance benefits for registered manual workers.

## **13. Pension Scheme.**

- [(1) Eligibility. - Every registered manual worker who has complete 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;] [Substituted by G.O. Ms. No. 36, dated 28.02.2011, published dated 01.03.2011.] (2) Claim. - (a) Every registered manual worker who is eligible for pension under sub-clause (1) shall apply [in Form-CC to the Labour Officer (Social Security Scheme) of the respective district] [Substituted for 'to the Board in such form as may be prescribed by the Board in this behalf' by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.]: 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] [Substituted for 'Board' by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.] a certificate in 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] [Substituted for 'Board' by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.] 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 Board shall be final: Provided that the [Labour Officer (Social Security Scheme) of the respective district] [Substituted for 'Board' by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.] 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 such as may be fixed by the Board, from time to time, with the approval of the State Government.

## **14. [ Assistance to meet the funeral expenses of a registered manual worker. [Substituted by GO. Ms. No. 200, L&E (1-1), dated the 15th November, 1999.]**

(1) If a registered manual worker dies, the [Labour Officer (Social Security Scheme) of the respective district, after due verification] shall pay a sum of Rs. 2,000 (Rupees two 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 "D" and shall be accompanied by the death certificate of the deceased registered manual worker and original identity card issued to the deceased worker.]

## **14A. [ Assistance on the natural death of a registered manual worker. [Inserted by G.O. Ms. No. 200, L & E (1-1), dated the 15th November, 1999.]**

(1) If a registered manual worker dies naturally, the [Labour Officer (Social Security Scheme) of the respective district, after due verification] shall pay [a sum of Rs. 15,000 (Rupees fifteen thousand only)] [Substituted by G.O. Ms. No. 91, L& E (1-1), dated the 14th June, 2005 (deemed to have come into force from 15th June, 2005).] 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 "D" in Schedule II and shall be accompanied by the death certificate of the deceased registered manual worker and the original identity card issued to the deceased worker.]

## 15. Assistance for the 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 Table below:-

Serial Number	Form Course of Study		Day	Hosteller		
			Scholar			
			Boys Rs.	Girls Rs.	Boys Rs.	Girls Rs.
-1-	-2-	-3-	-4-	-5-		
Educational Assistance						
1	EEE	10th Standard Studying-Girl children only		1,000		
2	E	10th Standard passed	1,000	1,000	---	---
3	EEE	11th Standard Studying-Girl children only		1,000	---	---
4	EEE	12th Standard Studying -Girl children only		1,500		
5	E	12th Standard passed	1,500	1,500	---	---
6	EE	Studying regular Bachelor Degree course (Everyacademic year)	1,500	1,500	1,750	1,750
7	EE	Studying regular Post Graduate course (Everyacademic year)	2,000	2,000	3,000	3,000
8	EE	Studying regular Professional Course inLaw,Engineering, Medicine, Veterinary, Science and allied courses(Every academic year)	2,000	2,000	4,000	4,000
9	EE	Studying regular Post Graduate ProfessionalCourse in Law, Engineering, Medicine,Veterinary, Science andallied courses (Every academic year)	4,000	4,000	6,000	6,000
10	EE	Studying ITI or Polytechnic course (Everyacademic year)	1,000	1,000	1,200	1,200]

(2)The amount shall be sanctioned only if the following conditions are fulfilled, namely: -[\*\*\*] [Item (a) Omitted by G.O. Ms. No. 35, dated 28.02.2011, published dated 01.03.2011.](b)Only two children of a registered manual worker shall be given this assistance; and(c)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 E in Schedule II, to be submitted after passing of the course, the application for assistances specified in serial numbers 6 to 10 in column (1) of the said Table shall be in Form EE in Schedule II to be submitted before completion or passing of the course, and the application for assistances specified in serial numbers 1,3 and 4 shall be in Form EEE in Schedule II to be submitted before completion or passing of the course.] [Substituted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.](4)Where both husband and wife have applied for assistance under this clause, husband alone shall be eligible for such assistance.] [Added by G. O. Ms. No. 59, L. & E. (1-1), dated the 28th March 2001 (with effect from 12th July 1999).]

**16. [ Assistance for marriage. [Substituted by G. O. Ms. No. 59,1. 61 E. (I-1), dated the 28th March 2001.]**

- [(1) [The Labour Officer (Social Security Scheme) of the respective district shall, on an application from a registered manual worker, after due verification] [Substituted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.], shall on an application from a registered manual worker sanction a sum of Rs. 2,000 (Rupees two thousand only) as assistance to meet the marriage expenses of the applicant or his son or daughter.](2)[ The amount shall be sanctioned only if the following conditions are fulfilled, namely: -[\*\*\*] [With effect from 22th November 1999 (vide G. O. Ms. No. 59, L. & E. (1-1), dated the 28th March 2001).](b)The family of a registered manual worker can avail this assistance only twice;(c)A registered manual worker can avail this assistance for his first marriage or for his son or daughter;(d)The registered manual worker shall have no dues payable to the Board; and(e)The person for whose marriage the assistance is sought, 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 son or daughter under this clause, husband alone shall be eligible for this assistance.] [With effect from 12th July 1999 [vide G. O. Ms. No. 59, L. & E. (1-1), dated the 28th March 2001].](4)[ The application for assistance under this clause shall be in Form-F in Schedule II.] [Date of effect does not arise.]]

**17. [ Assistance for delivery of a child or for the miscarriage of pregnancy or for the termination of pregnancy by a registered woman manual worker. [Substituted by G. O. Ms. No. 200, L. & E. (1-1), dated the 15th November 1999.]**

- [(1) The Labour Officer (Social Security Scheme) of the respective district shall, on an application from a registered Women manual worker, sanction the assistance as indicated below, after due verification of the proof produced by her of the pregnancy or delivery of a child by her or the miscarriage of her pregnancy or the termination of her pregnancy:-

- (i) Pregnancy -Rs.6,000/-  
(Rs.3,000/- shall be paid on the seventh month of pregnancy and remaining Rs.3,000/- shall be paid on delivery of the child)
- (ii) Miscarriage of pregnancy -Rs.3,000/-
- (iii) Termination of pregnancy -Rs.3,000/-.]

(2) The amount shall be sanctioned only, if the following conditions are fulfilled, namely:-[\*\*\*](b) A registered woman manual worker can get this assistance only twice; (c) The registered woman manual worker shall have no dues payable to the Board; and (d) The registered woman 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 'G' of Schedule II.]

**17A. [ Assistance for purchase of spectacles by a registered manual worker. [Added by GO. Ms. No. 44, L&E (1-1), dated the 2nd May 2002 (w.e.f. 29-5-2002).]**

(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 not exceeding [Rs. 500 (Rupees five hundred only)] [Substituted by G.O. Ms. No. 91, L&E (1-1), dated 4-6-2005 (deemed to have come into force from the 15th June 2005).] as an assistance towards reimbursement of cost of spectacles. (2) [ The assistance shall be restricted to 65 registered manual workers, depending upon the applications received per year in each district on "First Come-First Serve" basis.] [Inserted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.] (3) Only the applications with full particulars and documents as required in [Form-K] [Substituted by G.O. Ms. No. 109, L&E (1-2), dated 29th November, 2002 (w.e.f. 18-12-2002). ['Form L' was changed to 'Form K' vide erratum Letter No. 8169/1-1/2004-2, L&E, dated 16th April 2004 published in the Tamil Nadu Government Gazette, Pt. II, section 2, Issue No. 18, dated the 12th May 2004 at p. 215].] shall be taken up for consideration for the purpose of "First come - First Serve" basis. (4) The amount shall be sanctioned, only if the following conditions are fulfilled, namely:-[\*\*\*] [Item (a) Omitted by G.O. Ms. No. 35, dated 28.02.2011, published dated 01.03.2011.] (b) This assistance shall be given to a registered manual worker only once; and (c) The registered manual worker applying for assistance shall have no dues payable to the Board. (5) The application for claiming the amount specified in sub-clause (1) shall be in [Form-K] [Substituted by G.O. Ms. No. 109, L&E (1-2), dated 29th November 2002 (w.e.f. 18-12-2002). ['Form L' was changed to 'Form K' vide erratum Letter No. 8169/1-1/2004-2, L&E, dated the 16th April 2004, published in the Tamil Nadu Government Gazette, Part II, section 2, Issue No. 18 dated the 12th May, 2004 at page 215].] and shall be accompanied by an original certificate issued by a Registered Ophthalmist (with date) and original cash bill towards the purchase of spectacle.]]

**18. [] [Re-numbered by G.O. Ms. No. 139, L & E, dated the 3rd November 1998.] 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.

**I**

[See clause 2(c)]

**1. Stone cutter or stone breaker or stone crusher.**

**2. Mason or brick layer.**

**3. Carpenter.**

**4. Painter or varnisher.**

**5. Fitter including bar bender.**

**6. Plumber for road pipe work.**

**7. Electrician.**

**8. Mechanic.**

**9. Well sinker.**

**10. Welder.**

**11. Head mazdoor.**

**12. Mazdoor.**

**13. Sprayman or mixerman (Road surfacing)**

**14. Wooden or stone packer.**

- 15. Well diver for removing silt.**
- 16. Hammerman.**
- 17. Thatcher.**
- 18. Maistry.**
- 19. Blacksmith.**
- 20. Sawyer.**
- 21. Caulker.**
- 22. Mixer (including concrete mixer operator).**
- 23. Pump operator.**
- 24. Mixer driver.**
- 25. Roller driver.**
- 26. Kalasis or sarang engaged in heavy engineering construction, like heavy machinery, bridge work, etc.**
- 27. Watchman.**
- 28. Mosaic polisher.**
- 29. Tunnel worker.**
- 30. Rock breaker and quarry worker.**
- 31. Marble/Kadappa stone worker.**
- 32. Road worker.**

**33. Earth worker connected with construction work.**

**34. Worker engaged in processing lime.**

**35. Worker engaged in anti - sea erosion work.**

**36. Any other category of workers who is actually engaged in the employment in construction or maintenance of dams, bridges, roads or in any building operation.**

**37. [ Brick manufactory other than the brick manufactory under the Factories Act, 1948 (Central Act 63 of 1948).] [Added vide G. O. Ms. No. 59, Labour and Employment, dated the 28th March, 2001 (date of effect does not arise).]**

**38. [ Employment in construction of pandals.] [Added vide G. O. Ms. No. 59, Labour and Employment, dated the 28th March, 2001 (date of effect does not arise).]**

[Schedule II] [Substituted by G. O. Ms. No. 200, L. & E. (1-1), dated the 15th November 1999.][Form-A] [Substituted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.][See clause 5 (2)]Application for Registration

Affix Passportsize photograph

To The Labour Officer (Social Security Scheme),.....district.Registration No.....(to be filled in by the Registration Authority)

1. Name of the Worker

2. Name of the Father/Husband

3. Date of birth

Month Year

(Enclose Xerox copy of evidence Day in proof duly attested by a Group A or Group B officer)\*

4. Marital status

(Whether married, unmarried, widow/widower)

5. Permanent address

6. Present address

7. State whether self - employed or employed

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

9. Nature of work

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

11. Particulars of the members of the family

Sl. No. Name Age Relationship Marital status

(1) (2) (3) (4) (5)

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

(b) If so furnish details 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)\* (i) Birth Certificate or (ii) School Certificate or (iii) Driving license or (iv) Ration Card or (v) Voter's identity card or (vi) Certificate from Registered Medical Practitioner not below the rank of Civil Surgeon of a Government Hospital in the prescribed format with the signature of the manual worker. \*\*Any false declaration / certification will entail legal action. 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 are found correct and recommended for registration.

Place: Date: Village Administrative Officer/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] [Substituted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.] [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.]

[Form C] [Substituted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.] [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 enclosedSignature 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 worker for the accident as death / disability of Thiru/Thirumathi/Selvi..... a registered manual worker. Place:

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

Office seal: Designation]

[FORM-CC] [Inserted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.][See clause 13(2)(a)] Application for Pension / Disability Pension

Passport size photograph duly signed

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

## 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

[Omitted by G.O. Ms. No. 36, dated 28.02.2011, published dated 01.03.2011]

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

SI. No.	Date of initial registration	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: Date: Signature/Thumb impression 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: Labour Officer (Social Security Scheme)

.....district. Date: 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 D] [Substituted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.] [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 workerDeclaration of the Nominee\*\*I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for death/funeral expenses of the deceased manual worker.I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.Place :

Date: Signature of the nominee registered manual worker

\*\*Any false declaration / certification will entail legal action.Certificate\*\*I hereby certify that the particulars furnished in the application are correct.Place:Date:our 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:..... districtDate: Labour Officer (Social Security Scheme)

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

Office Seal: Designation:]

[Form E] [Substituted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.][See clause 15 (3)]Application For Educational Assistance For Pass In 10th Standard And 12th Standard ExaminationToThe 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.:-

SI.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:-

SI. 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

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

Signature of the registered manual worker.Declaration by the Applicant\*\*I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the

amount received as assistance. I further declare that I have not availed similar assistance from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes. Place:

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

Date: \*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:

Office Seal: Designation:]

[Form EE] [Substituted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.] [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

SI. 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:-

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

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

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

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

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

Date: \*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] [Substituted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.] [See clause 15 (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 up to which renewed

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

SI. 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:-**

SI. No.	Name	Date of Birth	Standard in which studying (STD.10th/11th/12th)	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:**

SI. 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 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.SanctionI 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: Labour officer (Social Security Scheme)..... district



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

Place: Signature of the Labour Officer (Social Security Scheme) with data..... district

Date: Office Seal: Name: Designation: ] [Form F] [Substituted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.] [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. (a) Registration Number and date of initial registration (Original identity card should be enclosed),**

**3. Address in full with PIN Code:**

**4. (a) Particulars of the members of the family of the registered manual worker:**

SI No. Name Relationship Age Marital Status

(1) (2) (3) (4) (5)

(b)(i) Name of the person for whose marriage the assistance is sought for (ii) Relationship to the registered manual worker: (iii) Age in completed years on the date of marriage: (c) Name 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: Date: Member of parliament or Member of legislative Assembly or 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.....) Place: Labour Officer (Social Security Scheme)..... district.

Date: 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 Name:

Office Seal: Designation: ]..... district.

[Form G] [Substituted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.] [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 up to 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 women 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: 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 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] [Substituted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.][See clause 5-A] Nomination Under Tamil Nadu Manual 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:

Date: Signature or left-hand thumb impression 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] [Substituted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.][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.

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

Place:

Date: Signature or left-hand thumb impression of the manual worker

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] [Substituted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.][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] [Substituted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.][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: Date: Signature of President / Secretary of the Registered Trade 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. 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. 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 Name:

Office Seal: Designation:]

[\*\*\*] [Schedule III omitted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.]