

# **Tamil Nadu Handicraft Workers Social Security and Welfare Scheme, 2006**

TAMILNADU

India

## **Tamil Nadu Handicraft Workers Social Security and Welfare Scheme, 2006**

### **Rule**

### **TAMIL-NADU-HANDICRAFT-WORKERS-SOCIAL-SECURITY-AND-WELFARE SCHEME, 2006**

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Tamil Nadu Handicraft Workers Social Security and Welfare Scheme, 2006Published vide Notification No. G. O. Ms. No. 83, L. and E., dated the 1st September 2006 - No. II(2)/LE/453(e-9)/2006Published in Part II - Section 2 of the Tamil Nadu Government Gazette Extraordinary, dated the 1st September 2006, page 166.G. O. Ms. No. 83, L. and E., dated the 1st September 2006 - No. II(2)/LE/453(e-9)/2006. - In exercise of the powers conferred by section 4 read with section 3 of the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act 1982 (Tamil Nadu Act 33 of 1982) and in supersession of the Labour and, Employment Notification No. II(2)/LE/266(d-1)/2001, published at pages 1-17 of Part II - Section 2 of the Tamil Nadu Government Gazette Extraordinary dated the 28th February 2001, the Governor of Tamil Nadu hereby makes the following Scheme for the Scheduled employments under the said Act in items 54, 59 and 60.

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

(1)This Scheme may be called the Tamil Nadu Handicraft Workers Social Security and Welfare Scheme, 2006.(2)It extends to the whole of the State of Tamil Nadu.(3)It shall apply to all manual workers engaged in vessels manufactory, sculpture including stone and other materials and handicrafts including articles manufactures from clay and paper pulp.(4)It shall come into force on the 1st September 2006.

## 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 Handicraft 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 male member, his wife, children whether married or unmarried dependent parents and the widow and children of a deceased son of the member;(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 Handicraft 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 vessels manufactory, sculpture including stone and other materials and handicrafts including articles manufactured from clay and paper pulp specified in items 54, 59 and 60 in the Schedule to the Act;(h)"Secretary" means the Secretary of the Board appointed by the Government and includes any other officer put in charge of the Secretary;(i)"self employed person" means any person who has directly engaged himself in vessels manufactory, sculpture including stone and other materials and handicrafts including articles manufactured from clay and paper pulp for his livelihood;(j)words and expressions used in this Scheme and not defined shall have the same 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 Handicraft 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 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 to become a member of the Scheme. (2) Application for such registration shall be made 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 registered trade union of the employment concerned or any other office bearer of the said trade union authorized by the said President or General Secretary 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. (3) The registration under this clause is valid for a period of [five years] [Substituted for 'two years' by Notification No. II(2)/PUHR/687(g-7)/2014 vide G.O. Ms .No. 134, dated 18.11.2014, published dated 18.11.2014.]. (4) Every registered manual worker whose name has been registered under this clause will be issued with an identity card in Form-I free of cost by the Board or district or local office. (5) In case of loss of the identity card, a duplicate identity card will be issued by the Board or district or local office 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 - (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 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 Executive Officer 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 Executive Officer 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 shall maintain a Register of Members in Form IV.

## **12. The Tamil Nadu Handicraft Workers Social Security and Welfare Fund.**

(1) There shall be constituted a fund called "The Tamil Nadu Handicraft 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 Nationalized 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 the 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 Handicraft 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] [Substituted for 'two years' by Notification No. II(2)/PUHR/687(g-7)/2014 vide G.O. Ms. No. 234, dated 18.11.2014, published dated 18.11.2014.] 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 Executive Officer or any other officer authorized in this behalf by the Board.(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 Chief Executive Officer or any other officer authorized by the Chief Executive Officer in this behalf 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 when met with the accident are eligible for Personal Accident Relief.Explanation. - For the purpose of this clause, "accident" means any bodily injury [\*\*\*] [Words 'or death' omitted by G.O. Ms. No. 37, dated 28.2.2011, published dated 1.3.2011.] 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] [Inserted by G.O. Ms. No. 37. dated 28.2.2011, published dated 1.3.2011.], 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 of or totaland irrecoverable loss of use of- |              |
|     | (i) both hands; or  | Rs. 1,00,000 |
|     | (ii) both feet; or  |              |
|     | (iii) one hand and one foot; or   |              |

- (iv) total and irrecoverable loss of sight in both eyes,
- (c) Loss of actual physical separation of or total and irrecoverable loss of use of - (i) one hand; or Rs. 50,000  
(ii) one foot; or  
(iii) total and irrecoverable loss of sight in one eye.
- (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 specified in the corresponding entry in column (2) of the Table below:

Table

Nature of disablement	Compensation in percentage (to be applied on Rs. 1,00,000)		
1	2	Percent	
		All Great both phalanges Great One	
1	Loss of toes	phalanx Other than great, if more than one toe lost each	20 521
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 Two Phalanges One Phalanx	10 84
8	Loss of middle finger	Three Phalanges Two Phalanges One Phalanx	6 42
9	Loss of ring finger	Three Phalanges Two Phalanges One Phalanx	5 42
10	Loss of little finger	Three Phalanges Two Phalanges One Phalanx	4 32
11	Loss of Metacarpal 1st or 2nd 3rd, 4th or 5th	(Additional) (Additional)	32
12	Any other permanent partial disablement	Percentage as assessed by the Doctor.	

[(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.] [Inserted vide G.O. Ms. No. 64, dated 1.3.2016, published dated 1.3.2016.] (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 Board 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 Board either by the injured worker or the nominee of the deceased worker or a representative of

a trade union of the employment concerned. The Board 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] [Substituted for 'Board or any Officer authorised in this behalf' by G.O. Ms. No. 122, dated 24.10.2008, published dt. 31.10.2008.] shall, after due verification, [sanction the compensation in addition to provide artificial limbs or wheel chair to the claimant] [Substituted for 'sanction the compensation to the claimant' vide G.O. Ms. No. 64, dated 1.3.2016, published dated 1.3.2016.].

## **18. 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 Notification No. II(2)/LE/90(m-10)/2011 vide G.O. Ms. No. 36, dt. 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 to the Board in Form VIII and VIII-A as applicable:Provided that a disabled manual worker who is eligible for pension under the proviso to sub-clause (1) shall produce to the Board a certificate of proof of his disability issued by a Medical Officer not below the rank of a Civil Surgeon.(b)The Board 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 Board 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 One Thousand only)] [Substituted for 'Rs. 500 (Rupees five hundred only)' by G.O. Ms. No. 64, dated 1.3.2016, published dated 1.3.2016.].

## **19. Assistance to meet the funeral expenses of a registered manual worker.**

(1)If a registered manual worker dies, the Secretary or any other officer authorised in this behalf by the Board, shall, sanction 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 IX and shall be accompanied by the death certificate of the deceased registered manual worker and the original identity card issued by the Board to the deceased worker.



## 20. Assistance on the natural death of a registered manual worker.

(1) If registered manual worker dies naturally, the Secretary or any other officer authorised in this behalf by the Board shall pay a sum of Rs. 15,000 (Rupees fifteen 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 :-] [Substituted by G.O. Ms. No. 122, dt. 24.10.2008, published dated 31.10.2008.] [The Table] [Substituted vide G.O. Ms. No. 64, dated 1.3.2016, published dated 1.3.2016.]

Sl. No.	Form	Course of study	Day scholar	Hosteller		Boys Rs.	Girls Rs.
			Boys Rs.	Girls Rs.	Boys Rs.	Girls Rs.	
1	XI	10th Std. studying - Girl children only	-	1000	-	-	-
2	X	10th Std. passed	1000	1000	-	-	-
3	XI	11th Std. studying - Girl children only	-	1000	-	-	-
4	XI	12th Std. studying - Girl children only	-	1500	-	-	-
5	X	12th Std. passed	1500	1500	-	-	-
6	XII	Studying regular Bachelor Degree course (Every academic year)	1500	1500	1750	1750	
7	XII	Studying regular Post Graduate course (Every academic year)	4000	4000	5000	5000	
8	XII	Studying regular Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses (Every academic year)	4000	4000	6000	6000	
9	XII	Studying regular Post Graduate Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses (Every academic year)	6000	6000	8000	8000	
10	XII	Studying ITI or Polytechnic course (Every academic year)	1000	1000	1200	1200	

(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 assistances specified in serial numbers 1, 3 and 4 shall be in Form XI to be submitted before completion and passing of the course.] [Substituted by G.O. Ms. No. 122, dated 24.10.2008, published dt. 31.10.2008.](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 Secretary or any other officer authorised in this behalf by the Board shall, on an application from a registered manual worker, 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] [Substituted for 'Rs. 2,000 (Rupees two thousand only) as assistance to meet the marriage expenses of the applicant or his son or daughter' by Notification No.

II(2)/LE/90(m-41)/2011 vide G.O. Ms. No. 39, dated 28.02.2011, published dated 01.03.2011.].(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;(c)the registered manual worker shall have attained the age prescribed by law for marriage; and(d)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, 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 the miscarriage of pregnancy or the termination of pregnancy by registered female manual worker.**

(1)The Secretary or any other officer authorized in this behalf by the Board shall, on an application from a registered female manual worker, sanction assistance as follows :-

- (i) Delivery - Rs.6,000/- (at Rs. 1,000 per month for six months).
- (ii) Miscarriage - Rs.3,000/-
- (iii) Termination - 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 Secretary or any other officer authorised in this behalf by the Board shall, on an application in Form XV from a registered manual worker, sanction a sum not exceeding Rs. 500 (Rupees five hundred only) as an assistance towards reimbursement of cost of spectacles.(2)[ \*\*\*] [Sub-para (2) omitted by Notification No. II(2)/LE/335/2015 vide GO Ms. No. 90, dt. 2.6.2015, published dated 1.7.2015.](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 non-compliance, 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 or with both imprisonment and fine and if the contravention is continued after conviction, with a further fine which may extend to one hundred rupees for each day on which the contravention is so continued] [Substituted for 'shall not exceed a term of six months' by Notification No. II(2)/LE/653/2015 vide GO Ms. No. 168. dt. 9.10.2015. published dated 4.11.2015.].

## **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, 2001.

- 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, 2001 shall be construed as contribution made and the benefits accrued under this Scheme.[Form I [Substituted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.]] [See clause 9(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 :  
(enclose Xerox Copy of evidence in proof duly attested by a Group A or Group B officer)\* Day Month Year
- 4 Marital Status :  
(Whether married, unmarried, widow/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
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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
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1	2	3	4
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\*(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. \*\* Any

false declaration/certification will entail legal action.\*\*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 impressionof the manual worker.(Left hand thumb impression to be attestedby the Registration authority)Certificate of Employment\*\*\*Certified that the particulars furnished by Thiru/Thirumathi/Selvi\_\_\_\_\_regarding employment as a manual worker in the application for registration are true to the best of my knowledge and belief.

Place:Date: Signature and name of the person/Officerissuing the certificate

\*\*\*Any false declaration/certification will entail legal actionVerification CertificateAfter due verification it is certified that the application and the proof are found to be correct and recommended for registration.

Place:Date: Village Administrative Officer/RevenueInspector(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..... Welfare Board.Application for membership rejected (In case of rejection, reason should be clearly mentioned).Labour Officer (Social Security Scheme).....DistrictAcknowledgement SlipReceived from Selvi/Thiru/Tmt..... residing at..... application for registration as manual worker in the Tamil Nadu .....Welfare Board.

Official Seal: Labour Officer (Social Security Scheme)District with date:Name:Designation: Form II[See clause 9(4)]Identity CardTamil Nadu.....Welfare Board

Identity Card LabourStatue

Scheme Assistances of the Board

1. Accident Insurance Scheme	Rs.
(a) Accidental Death	1,00,000
(b) Accidental Disability	Based on Extent of Disability
2. Natural death assistance	15000
3. Funeral expenses assistance	2000
4. Educational assistance: -	
(a) Girl children studying 10th	1000
(b) 10th Passed	1000
(c) Girl children studying 10th	1000
(d) Girl children studying 12th	1500
(e) 12th Passed	1500
(f) Regular Degree Course	1500
With Hostel Facility	1750
(g) Regular Post Graduate Course	4000
With Hostel Facility	5000

(h) Professional Degree Course	4000
With Hostel Facility	6000
(i) Professional PG Course	6000
With Hostel Facility	8000
(j) I.T.I. or Polytechnic course	1000
With Hostel Facility	1200
5. Marriage Assistance	2000
6. Maternity Assistance	6000
7. Reimbursement of cost of spectacles	up to 500
8. Pension	1000

Tamil Nadu.....Welfare Board

Affix Passport Size Photograph

Registration No.

Date

1. Name :

2. Father/Husband :

3. Date of Birth/ Age :

4. Employment :

Registration should be renewed before.....

5. Permanent Address :

6. Present Address :

7. Marital Status :

8. Details of Nominees :

9. Registration Number if member of Trade Union :

Signature of the Worker

Signature of  
the Officer

Details of Scheme

assistance provided to

the worker

Sl. No.	Name of the assistance provided	Name of the beneficiary	File No and Date	Amount distributed	Signature of the officer
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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 two years. • In case of loss of Identity Card, Duplicate Identity Card may be collected from the Assistant Inspector of Labour by remitting Rs. 20. • In case of change of residence, new address should be intimated to the Board. • After marriage of the worker, application should be made to the Board 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 Board along with the application for natural death assistance. • The original Identity Card should be enclosed along with the Claim application each time when the assistance is sought for. UZHAIPPOMUYARVOM

## 8.

, Valluvar Kottam High Road, Nungambakkam Chennai - 600034 Phone: 2823 2129 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

Form - IV[See clause 11(4)]Membership Register

Serial Number	Name of the Manual Worker	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

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	Employers Contribution made to the Board	Particulars of D.D. (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

Secretary, ..... To The Inspector/ Sub-Inspector of Police, ..... Sir, Thiru/Thirumathi/Selvi/Selvan, ..... son of/wife of/daughter of, ..... employed in the work place, ..... at, ..... has suffered loss of limbs/loss of eye-sight/total disablement/partial injury/[death due to accident occurred on the \_\_\_\_\_ (date) at \_\_\_\_\_ (time)] [Substituted for 'death due to accident' by Notification No. II(2)/LE/657/2015 vide G.O. Ms. No. 168, dated 9.10.2015, published dated 4.11.2015.]. (Signature of the Employer)

Signature of the

Address: ..... Date: worker/Nominee/Representative of a Trade Union.

[Form - VII [Substituted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.]] [See clause 17(3)(b)] Application For Payment of Compensation For [accidental Death/disability/provision of Artificial Limbs or Wheel Chair] [Substituted for 'Accidental Death/disability' vide G.O. Ms. No. 64, dated 1.3.2016, published dated 1.3.2016.] 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 :
- 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. :
- [9-A [Inserted vide G.O. Ms. No. 64, dated 1.3.2016, published dated 1.3.2016.] In 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 the full amount of compensation and/or value of artificial limbs or wheel chair received.] [Substituted for 'I hereby agree to refund in full the amount received as assistance for accidental death/disability' vide G.O. Ms. No. 64, dated 1.3.2016, published dated 1.3.2016.] 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 the immediate payment of Rs. .... /- (Rupees..... only) towards [accidental death/disability/provision of artificial limbs or wheel chair] [Substituted for 'accidental death/disability' vide G.O. Ms. No. 64, dated 1.3.2016, published dated 1.3.2016.] to Selvi/Thiru/Tmt..... nominee of the deceased worker/registered worker himself.

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

Place : (Affix Rubber Stamp)

Date:

Acknowledgement Slip Received from Selvi / Thiru/ Tmt..... application for sanction of assistance towards [accidental death/disability/provision of artificial limbs or wheel chair]

[Substituted for 'accidental death/disability' vide G.O. Ms. No. 64, dated 1.3.2016, published dated 1.3.2016.] 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:

Office Seal: Designation:

[FORM-VIII [Substituted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.]] [See clause 18 (2)] Application For Pension

Affix Passportsize photograph

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 vide 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

Sl.No.	Date of initial registration/Subsequent renewal	Period of validity of registration/renewal
--------	---	--

From	To
------	----

1	2	3	4
---	---	---	---

## 7. Whether in receipt of any other pension? If so, furnish complete details

Signature /Thumb impression of the registered Manual worker. Declaration \*I hereby certify that the facts mentioned above are true to the best of my knowledge and information. I am not a registered manual worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as pension besides any other action that may be deemed fit by the appropriate authorities. I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place: Date: Signature/Thumb impression of the 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 application will not be considered.**

Sanction I hereby sanction, after due verification, a monthly pension of Rs. ..../-  
(Rupees.....only) with effect from..... The amount shall be sent by money order.

Place: Date: Labour Officer (Social Security Scheme).....district  
Acknowledgement Slip Received from Selvi/Thiru/Tmt..... (Address in full)..... (Registration  
No..... application for sanction of pension. Labour Officer (Social Security  
Scheme).....district with date Name: Designation: Office Seal: [Form- VIIIA [Substituted by G.O.  
Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.]] [See clause 18(2)] Application For  
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 vide G.O. Ms. No. 36, dated 28.02.2011, published dated 01.03.2011

### **6. Whether the registration manual worker of the Board 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: Date: Signature/Thumb impression of the 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 a monthly pension of Rs...../- (Rupees ..... only) 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

Office Seal: Name: Designation:

[Form- IX [Substituted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.]] [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 up to which renewed

6 (a) Place of death

(b) Date of death

(c) Cause of death (to be indicated clearly) (Avoid indicating as "Natural Death")  
(Death Certificate in original shall be enclosed)

7 (a) Name of the nominee

(b) Age on the nominee (in completed years)

(c) Address of the nominee in full indicating PIN Code

(d) Relationship of the nominee with the deceased registered manual worker

Signature/Thumb impression of the nominee of the Registered Manual Worker. Declaration of the Nominee\* I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for death/funeral expenses of the deceased manual worker. I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place: Date: Signature /Thumb impression of the nominee of the Registered Manual Worker.

\*Any false declaration/Certification will entail legal action. Certificate\* I hereby certify that the particulars furnished in the application are correct.

Members,.....Tamil Nadu.....Welfare Board/President/Secretary of the  
Place: Date: 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 / 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.**

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

Date:

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

Office Seal: Name: Designation:

[Form- X [Substituted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.]] [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 up to 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
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.

Members,.....Tamil Nadu.....Welfare Board/President/Secretary of the  
Place:Date: RegisteredTrade Union of the Employment concernedAssistant Inspector of  
Labourconcerned/Any other officer permitted to giveEmployment 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  
\*Selvan/\*Selvi ..... \*Son/\*daughter of \*Thiru/Tmt..... Registered Manual Worker  
(Registration No.....).

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

Acknowledgement SlipReceived 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:

[Form- XI [Substituted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.]] [See  
clause 21(3)]Application for Educational Assistance for Girl Children Studying in 10th  
Standard/11th Standard /12th StandardToThe 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:-

Sl.No. Name. Relationship with the registered manualworker. 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	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 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 availed
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.

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 Selvi ..... 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. .... (Registration No. ....) claim  
application for sanction of educational assistance.

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

Office Seal: Name: Designation:

[Form- XII [Substituted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.]] [See clause 21(3)] Application for Education 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 up to 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 of birth	Date	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	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) as educational assistance, in respect of \*Selvan/\*Selvi..... \*Son/ \*Daughter of \*Thiru/Tmt..... Registered manual worker (Registration No.....).

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

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

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

Official Seal: Name Designation

[Form XIII [Substituted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.]] [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 : Any false declaration/certification will entail legal action. Signature/Thumb impression of the registered manual worker. Certificate \*I hereby certify that the particulars furnished in the application are correct.

Members,.....Tamil Nadu.....Welfare Board/President/Secretary of  
Place:Date: the RegisteredTrade Union of the Employment concernedAssistant Inspector of  
Labourconcerned/Any other officer permitted to giveEmployment certificate.

\*Any false declaration/Certification will entail legal action.SanctionI hereby sanction, after due  
verification a sum of Rs...../- (Rupees ..... only) towards assistance of the son/daughter/self of  
Thiru/Tmt..... registered manual worker of the Board (Registration No.....)

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

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

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

Official Seal: NameDesignation

[Form XIV [Substituted by G.O. Ms. No. 122, dated 24.10.2008, published dated 31.10.2008.]] [See  
Clause 23(3)]Application for Payment of Maternity Assistance for Pregnancy or Miscarriage or  
Termination of Pregnancy by a Registered Female Manual WorkerToThe 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.

Members, ..... Tamil Nadu ..... Welfare Board/President/Secretary  
Place: Date: 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. .... /- (Rupees ..... only) to Tmt registered female manual worker (Registration No. ....) \*at the time of seventh month of pregnancy/\*on delivery of child/\*for miscarriage of pregnancy/\*termination of pregnancy (\*Strike out whichever is not applicable).

Office Seal: Labour officer (Social Security Scheme) ..... district.

Acknowledgement Slip Received from Tmt ..... registered female manual worker (Registration Number ..... ) claim application for sanction of maternity assistance for \*pregnancy/\*miscarriage of pregnancy/\*termination of pregnancy in respect of the registered female manual worker. \*Strike out Whichever is not applicable

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

Office Seal: Name: Designation:

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

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

Sanction I hereby sanction, after due verification, the reimbursement of a sum of Rs. .... /-  
(Rupees. .... only) to Selvi/Thiru/Tmt. ...., towards the actual cost on purchase of  
spectacles for himself/herself. \*Any false declaration/Certification will entail legal action.

Office Seal: Labour officer (Social Security Scheme) ..... district.

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

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

Office Seal: Name: Designation: