Chhattisgarh State Ex-Gratia Compensation Payment for Officials/Employees died or injured during Electioneering Duty, Rules, 2009

CHHATTISGARH India

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Rule

CHHATTISGARH-STATE-EX-GRATIA-COMPENSATION-PAYMENT-FOI of 2009

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Chhattisgarh State Ex-Gratia Compensation Payment for Officials/Employees died or injured during Electioneering Duty, Rules, 2009Published vide Notification No. 30/Insurance/3-2009/1970, dated 15.4.2009Last Updated 16th September, 2019Notification No. 30/Insurance/3-2009/1970, dated the 15th April, 2009. - State Government hereby tissues the "Chhattisgarh State Ex-Gratia Compensation Payment for officials/employees died or injured during Electioneering Duty Rules, 2009" as per the Annexure enclosed herewith. These rules shall be deemed effective from 23rd March, 2009. To compensate officials/employees during Parliamentary Election 2009 and Legislative Assembly/Parliamentary General Election and by-election of Legislative Assembly and Parliament being conducted from time to time. Government has decided that official/employee those who died or suffered injuries during Electioneering duty will be paid Ex-Gratia Compensation to them or their family members as the case may be -

1. Short title, extent and commencement.

- (i) These rules may be called the Chhattisgarh State Ex-Gratia Compensation Payment for Officials/Employees died or injured during Electioneering Duty, Rules, 2009;(ii)It extends to whole of the State of Chhattisgarh;(iii)These rules, shall be deemed to have come to into force with effect from 23-3-2009.

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2. Definitions.

- In these rules unless the context otherwise requires, -(a)"Death" means the death which is occurred during electioneering duty or due to electioneering duty period as specified in these rules;(b)"Permanent Disability" means the impairment of hearing or the permanent disability as defined under Workmen's Compensation Act, 1923 (No. 8 of 1923) and The Persons with Disabilities (Equal Opportunities and Full Participation) Act, 1995 (No. 1 of 1996);(c)"Partial Disablement" means the meaning as assigned to it under Workmen's Compensation Act, 1923 (No. 8 of 1923) and The Persons with Disabilities (Equal Opportunities and Full Participation) Act, 1995 (No. 1 of 1996);(d)"Officials/Employees" means the Officers/Employees those who are employed on duty by Chief Electoral Officer, District Election Officer or with their due approval. The Non-Government person if employed on election duty shall also be entitled for Ex-Gratia compensation payment. Central Police Force, State Police Force engaged for security purposes shall also be treated as employed for the purpose of this rule. Micro Observer related to Central Government Undertaking shall also be treated as officials under these rules.

3. Entitlement for Ex-Gratia Compensation.

- Death or injury caused to a person during which who is engaged in election duty in any manner including training also shall be entitled for Ex-Gratia compensation payment. Explanation. - Election duty means the time of leaving residence/office up to the time of coming back to his Residence/office shall be treated as duty.

4. Amount of Ex-Gratia Compensation.

(a)In case of death of officers/ employees Ex-Gratia compensation payment shall be of Rs. 5,00,000 (Five Lac) which will be paid to the family members of the deceased. The compensation amount shall be Rs. 10,00,000 (Ten Lac) if death is caused due to Naxalite violence or violence of similar nature and will be paid to the family members of the deceased.(b)If permanent disability is caused due to any accident to the officers/employees engaged in election duty an amount of Rs. 3,00,000 (Three Lac) shall be paid as ex-gratia compensation payment. If permanent disability is caused due to Naxalite Violence or incident of similar nature an amount of Rs. 6,00,000 (Six Lac) shall be paid to the officers/employees as ex-gratia compensation payment.(c)Temporary Disability - If partial disability is caused to the officers/employees during electioneering duty an amount of Rs. 1,00,000 (One Lac) shall be paid as ex-gratia compensation payment. If such partial disability is caused due to Naxalite Violence or incident of similar nature an amount of Rs. 2,00,000 (Two Lac) shall be paid as ex-gratia compensation payment.

5. Procedure of filing the application/claim.

- The officers/employees or their legal heir may file the application/claim before the District Election Officer in the format appended as Annexure-1 and Annexure 2, to these rules.

6. Disposal of claim.

- On an application/claim filed by Officers/employees or their legal heirs the District Election Officer shall prepare a report and submit it with his recommendation to the Chief Electoral Officer within 7 days of filing of the application/claim. The Chief Electoral Officer shall dispose the application/claim within 7 days of the receipt of the recommendation from the District Election Officer and pass the award for payment, and the District Election Officer/Collector on receiving the order shall make the payment of ex-gratia compensation immediately.

7. Document to be seen and mode of payment.

(a)Recommendation received from District Election Officer/Collector,(b)Certified copy of nomination form recorded in the service book of the deceased,(c)First information report lodged in the nearest police station,(d)Medico legal report and post mortem report,(e)Attested pass-port photograph of the legal heir,(f)Copy of the election duty issued in the name of the officer/employees or deceased,(g)In case of death of an officer/employee if the spouse is not alive the amount may be deposited in the account of the children if they are minor through their guardian.(h)The decision of Chief Electoral Officer shall be final.

8. Medical evidence and additional compensation.

- (i) Permanent and partial disability shall be decided on the basis of medical evidence available on the record.(ii)Ex-gratia compensation payment under these rules shall be in addition to and not in derogation of any other payment of the compensation made under any other scheme or Act.

9. Power to amend rules.

- State Government is empowered to amend these rules as may be required from time to time. Appendix I[Rule 3] Claim Form On the happening of Accident this form along with complete medical report should be submitted to Collector and District Election Officer concurred without its support no claim will be entertained.

Claim No. Date of Submission

- 1. Name if Full
 - (A) Age of Deceased -
 - (B) Residential Address -
 - (C) Official Address -
- 2. (A) Day, Date and time of the Accident onward
 - (B) Place of Accident
 - (C) Reasons of Accident and details of injuries
- 3. Name and Address of the Hospital where treated.

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I hereby declare that Death/Temporary/Permanent disability is true and I solemnly affirm and give
my confront that if I have submitted any false statement, suppressed the, any fact then I will be
finally departed from the Right of Ex-gratia compensation granted in this case.I hereby ready to
accept the Election Official Ex-gratia for Rsas decided by the State Government and
therefore preferred the claim.SignatureName of Officialor Legal
HeirRecommendationCertified that the information as advanced by the individual
concerned is true therefore the payment of Rsis hereby
recommended.(Signature)CollectorDistrict Election OfficerDisttAppendix II[Rule
4]Form of Medical ReportNote This form should invariably be duly tilled up by the medical
Attendant of the claimant.

1. Name in full of the claimant.........

Age.....

- 2. Reason of accident as per your knowledge
- $\,$ A. After injury when the claimant was treated first. B. Did you still continuing the treatment of claimant.
- 4. Are you personal doctor of the claimant if yesplease quote the period from which claimant is known to you andwhich disease you have treated Did injuries are related to......(A) Only due to Accidentor (B) Related with disease or
- 5. any other reason (A) Only due to Accidentor (B) Related with disease of (A)(B)
- 6. Any other remark

I hereby write that above mentioned person is victim of Accident and the or this report are true.(Signature)Name of DoctorAddress