

L&T EMPLOYEES WELFARE FOUNDATION

Date: 18.06.2014

CIRCULAR

L&T Employees Welfare Foundation

L&T Employees Welfare Foundation wishes to announce the submission dates in respect of the following Schemes.

Scheme 1 - Provide scholarship to meritorious student for doing graduation in Engineering and Medicine.

➤ **Academic Year 2014-15:**

- Last date for submission of claim for 1st term (Odd Semester) – 31st October, 2014.
- Last date for submission of claim for 2nd term (Even Semester) – 28th February, 2015.

Scheme 4 - Recognition & Prize for Academic Performance.

➤ **Academic Year 2013-14:**

- Last date for submission of claim - 31st October, 2014.

Claims should be submitted to Powai Welfare Department (PWD) and claims received after the submission dates will not be entertained at any cost.

The forms will be available with PWD and also on Lntscape

(<http://lntscapenew.ltindia.com>)

(Navigation Path: HO Site ➡ Corporate HR ➡ HO-HR ➡ Policies & Benefits).



TRUSTEE

Education Scheme-1: Scholarship to meritorious students for doing graduation in

Engineering & Medicine (Revised Form - June,14).

L&T Employees Welfare Foundation – Mumbai

Claim Form No : 1A (Only for First Year Engineering/Medicine)

(Form for Engineering after 12th & Medicine)

I wish to apply for the scholarship for the academic year _____

(a) Name of Student: _____
(First name) (Middle Name) (Surname)

(b) Date of Birth: _____ Age: _____ yrs. (As on 01.06.____)

(c) Sex: ☐ M / ☐ F ; Married: Yes: ☐ / No: ☐ (Tick whichever applicable)

(d) Name of School/College (of 12thStd): _____

(e) Date & Year of 12th Std. Exam : _____ ; % Marks obtained in 12thStd: _____

(f) Entrance Exam: JEE / AIEEE / CET /AIPMT (Engg/Medicine) : (Tick whichever applicable)

(g) Ranking/%Marks/Grade (Whichever is applicable) obtained in Entrance Exam : _____

(h) Name of Engg/Med College admitted: _____

(i) Details of claim made for 1st Year :

1. Tuition Fees – Rs

2. Hostel Fees – Rs

3. Cost of Books - Rs

(Cost of books Rs 5000/- max)

Total (1+2+3) – Rs

Amount claimed - 75% of Total (1+2+3) - Rs _____

Amount sanctioned as per scheme - Rs _____ **(To be filled by welfare dept.)**

The particulars furnished above are true to the best of my knowledge.

We agree to abide by the decision of the Management Panel & the Trustees in all matters concerned with this application.

Signature of applicant

Signature of parent (L&T employee)

Date: _____

Date: _____

Mobile No/Resi No : _____

Mobile No./Resi.No: _____

Email id: _____

Email id: _____

Name of Employee: _____ PS No: _____

In Service ☐ Retired ☐ VRS ☐ (Tick whichever is applicable)

Date of Joining: _____ Date of VRS/Retirement : _____

Cadre & Grade _____ SBU/IC: _____ Dept.Code: _____ Location _____

Residential Address: _____

Verification by SBU Head/ IC HR

The particulars furnished above are verified and true to the best of my knowledge.

Name: _____ PS No : _____

Designation: _____ SBU/IC: _____

Email id - _____ Contact no : _____

Signature: _____ Location _____ Date _____

Verification by Welfare Department

This form has been checked.

Total eligible Amount claimed Rs _____

Amt. sanctioned Rs _____ (In words _____)

Name: _____ Signature: _____ Date: _____

Sanction No _____

Date _____

Certified/Attested copies of the following documents to be attached with the Claim form
These documents to be attested only by SBU Head /IC HR only. (Name & Designation of SBU Head/IC HR should appear distinctly on attested copies).

1. Entrance Exams Mark sheet/Grade sheet
2. Letter issued by DTE indicating rank of the student.
3. College Admission Letter
4. Birth Certificate
5. Mark sheets
6. Tuition Fee receipts in original
7. Hostel Fee receipts in original with lodging & boarding break up.
8. Cash Memo/s in original for purchase of Book/s
9. Company ID Card of the employee
10. Latest Form 16 from Company
11. Undertaking
12. Copy of cheque leaf for remitting the amount by way of NEFT
13. Passport Size Photo.

**Education Scheme - 1: Scholarship to meritorious students for doing graduation in
Engineering and Medicine (Revised Form - June, 14).**

L&T Employees Welfare Foundation – Mumbai

**Claim Form No: 1B (Only for 2nd Year onwards)
(Form for Engineering after 12th & Medicine)**

(Sanction No _____ Dated _____ of the previous year's claim)

I wish to apply for the scholarship for the academic year _____

(a) Name of Student: _____
(First name) (Middle Name) (Surname)

(b) Date of Birth: _____ Age: _____ yrs. (As on 01.06.____)

(c) Sex : ☐ M / ☐ F Married: Yes: ☐ / No: ☐ (Tick whichever applicable)

(d) Name of School/College (of 12th Std): _____

(e) Date & Year of 12th Std. Exam: _____ & %Marks/Grade obtained in 12th Std: _____

(f) Entrance Exam: JEE/ AIEEE/ CET/ AIPMT : (Engg/Med) : (Tick whichever applicable)

(g) Ranking/% Marks / Grade (whichever is applicable) obtained in Entrance Exam _____

(h) Name of Engg/ Med College admitted: _____

(i) Studying in year: 2nd / 3rd / 4th (Engg) :: 2nd / 3rd / 4th / Final (Med) (Tick whichever applicable)

(j) 1st Sem (%/Grade) _____ 2nd Sem (%/Grade) _____ (1st Year Aggregate) _____

3rd Sem (%/Grade) _____ 4th Sem (%/Grade) _____ (2nd Year Aggregate) _____

5th Sem (%/Grade) _____ 6th Sem (%/Grade) _____ (3rd Year Aggregate) _____

7th Sem (%/Grade) _____ 8th Sem (%/Grade) _____ (4th Year Aggregate) _____

Final Sem/Year (%/Grade) _____ (For Medical)

(k) Details of claim made for _____ Year of (Engg/Med)

1. Tuition Fees – Rs

2. Hostel Fees – Rs

3. Cost of Books - Rs

(Cost of books Rs 5000/-max)

Total (1+2+3) – Rs

Amount claimed - 75% of Total (1+2+3) - Rs.

Amount sanctioned as per scheme – Rs

(To be filled by welfare Dept.)

The particulars furnished above are true to the best of my knowledge.

We agree to abide by the decision of the Management Panel & the Trustees in all matters concerned with my application.

Signature of applicant (Student)

Signature of Parent (L&T Employee)

Date: _____

Date: _____

Mobile No /Resi No.: _____

Mobile No /Resi. No.: _____

Email id: _____

Email id: _____

Name of Employee: _____

PS No: _____

In Service ☐

Retired ☐

VRS ☐ (Tick whichever is applicable)

Date of Joining: _____

Date of VRS/Retirement: _____

Cadre & Grade _____ SBU/IC: _____ Dept. Code: _____ Location: _____

Residential Address: _____

Verification by SBU Head/ IC HR

The particulars furnished above are verified and true to the best of my knowledge.

Name: _____ PS No - _____

Designation: _____ SBU/IC - _____

Email id : _____ Contact No - _____

Signature: _____ Location : _____ Date: _____

Verification by Welfare Department

This form has been checked.

Total eligible amount claimed Rs _____

Amt. sanctioned Rs _____ (In words: _____)

Name: _____

Signature: _____

Date: _____

Sanction No

Date

Certified/Attested copies of the following documents to be attached with the Claim form
These documents to be attested only by SBU Head /IC HR only. (Name & Designation of SBU Head/IC HR should appear distinctly on attested copies)

1. Entrance Exams Mark sheet/Grade sheet *
2. Letter issued by DTE indicating rank of the student.*
3. College Admission Letter *
4. Birth Certificate *
5. Mark sheets
6. Tuition Fee receipts in original
7. Hostel Fee receipts in original with lodging & boarding break up.
8. Cash Memo/s in original for purchase of Book/s.
9. Company ID Card of the employee
10. Latest Form 16 from Company *
11. Undertaking
12. Copy of cheque leaf for remitting the amount by way of NEFT *
13. Passport Size Photo

“*” Documents to be submitted only with 1st Claim and all other documents to be submitted with each claim.

Date:

Education Scheme - 1: Scholarship to meritorious students for doing graduation in Engineering and Medicine.

Undertaking

I, Ms./Mr. _____, PS no. _____, Dept. & IC _____, hereby declare that pursuant to receiving benefits under the Scholarship to meritorious students for doing graduation in Engineering and Medicine, I will serve Larsen & Toubro and /or its Subsidiary and Associate Companies for a minimum period of 2 years. Over and above this my ward will also serve the company for a minimum period of two years after graduation, subject to meeting the norms of recruitment / availability of vacancy with company, and suitable for employment under the GET scheme.

In-case I fail to work for the specified period of 2 years from the date of disbursement/s received by me under this scheme or my ward fails to join L&T after qualifying, I hereby authorize that

- a) Larsen & Toubro or Its Subsidiary/Associate Companies to recover the sum of monies received under the said scheme by me/ my family members in the preceding two years from date of separation under the said scheme from my settlement amount.
- b) the amount so deducted / recovered be remitted to L&T Employees Welfare Foundation in settlement of the amount paid to me / my family members under this scheme.

Employee's Signature

Employee's SBU Head, Signature & Name

Location: _____

IC - HR Head, Signature & Name

Welfare Department, Signature & Name

Education Scheme -1: Scholarship to Diploma Engineers for doing graduation in Engineering Course (Revised Form - June,14).

L&T Employee Welfare Foundation – Mumbai
Claim Form No: 1A (Diploma Direct Admission) - Only for 2nd Year

I wish to apply for the scholarship for the academic year _____

(a) Name of Student: _____
(First name) (Middle Name) (Surname)

(b) Date of Birth: _____ Age: _____ yrs (As on 01.06.____)

(c) Sex: ☐ M / ☐ F ; Married : Yes ☐ No ☐ (Tick whichever applicable)

(d) Name of School (10th Std) : _____

(e) Date & year of 10th Exam: _____ & % Marks / Grade obtained in 10thStd: _____

(f) Date & year 12th Exam: : _____ & %Marks/ Grade obtained in 12thStd: _____(if appeared)

(g) Name of Branch (Elec/Mech/Comp etc.) : _____

(h) % of Marks: 5thSem _____ % , 6thSem _____ % ; Aggregate _____% (For 3 years Diploma)

(i) % of Marks: 7thSem- _____% 8thSem- _____%: Aggregate _____% (For 4 years Diploma)

(j) Name of Engineering College admitted: _____

(k) Details of Claim Made for 2nd Year:

1. Tuition Fees – Rs

2. Hostel Fees – Rs

3. Cost of Books - Rs

(Cost of books Rs 5000/- max.)

Total (1+2+3) – Rs

Amount claimed - 75% of Total (1+2+3) - Rs

Amount sanctioned as per scheme Rs

(To be filled by welfare dept.)

The particulars furnished above are true to the best of my knowledge.

We agree to abide by the decision of the Management Panel & the Trustees in all matters concerned with my application.

Signature of applicant

Signature of parent (L&T employee)

Date: _____

Date: _____

Mob/Resi No.: _____

Mob No /Resi.No.: _____

Email id: _____

Email id: _____

Name of Employee: _____

PS No: _____

In Service ☐ Retired ☐ VRS ☐ (Tick whichever is applicable)

Date of Joining: _____

Date of VRS/Retirement - _____

Cadre &Grade : _____ IC/SBU: _____ Dept. Code: _____ Location _____

Residential Address: _____

Verification by SBU Head/ IC HR

The particulars furnished above are verified and true to the best of my knowledge

Name: _____ PS No- _____

Designation: _____ SBU/IC - _____

Email id : _____ Contact No - _____

Signature: _____ Location: _____ Date _____

Verification by Welfare Department

This form has been checked.

Total eligible amount claimed: Rs _____

Amount sanctioned Rs _____ (In words : _____)

Name: _____ Signature: _____ Date: _____

Sanction No _____

Date _____

Certified/Attested copies of the following documents to be attached with the form.

These documents to be attested only by SBU Head /IC HR only. (Name & Designation of SBU Head/IC HR should appear distinctly on attested copies)

1. Mark sheets/Grade sheet of all semesters of Diploma.
2. Mark Sheet for 10th Std & 12th Std (if appeared)
3. College Admission Letter
4. Birth Certificate.
5. Tuition Fee receipts in original.
6. Hostel Fee receipts in original with lodging & boarding break up.
7. Cash Memo/s in original for purchase of Book/s.
8. Company ID Card of the employee
9. Latest Form 16 from Company.
10. Undertaking
11. Copy of cheque leaf for remitting the amount by way of NEFT.
12. Photo

Education Scheme -1: Scholarship to Diploma Engineers for doing graduation in Engineering Course (Revised Form - June, 14).

L&T Employee Welfare Foundation – Mumbai
Claim Form No: 1A (Diploma Direct Admission) Only for 3rd year onwards

(Sanction No _____ Dated _____ of the previous year's claim)

I wish to apply for the scholarship for the academic year _____

(a) Name of Student: _____
(First name) (Middle Name) (Surname)

(b) Date of Birth: _____ Age: _____ yrs (As on 01.06. _____)

(c) Sex: ☒ M / ☐ F ; Married : Yes ☐ No ☐ (Tick whichever applicable)

(d) Name of School (10th Std) : _____

(e) Date & year of 10th Exam: _____ & % Marks/Grade obtained in 10th Std: _____

(f) Date & year of 12th Exam: : _____ & % Marks/Grade obtained in 12th Std: _____ (if appeared)

(g) Name of Branch (Elec/Mech/Comp etc.) : _____

(h) % of Marks: 5th Sem _____ % , 6th Sem _____ % ; Aggregate _____ % (For 3 years Diploma)

(i) % of Marks: 7th Sem _____ % , 8th Sem _____ % : Aggregate _____ % (For 4 years Diploma)

(j) Name of Engg College admitted: _____

(k) Studying in year : 3rd / 4th (Tick whichever applicable)

(l) 3rd Sem (%/Grade) _____ 4th Sem (%/Grade) _____ (2nd Year Aggregate) _____

5th Sem (%/Grade) _____ 6th Sem (%/Grade) _____ (3rd Year Aggregate) _____

7th Sem (%/Grade) _____ 8th Sem (%/Grade) _____ (4th Year Aggregate) _____

(m) Details of Claim Made for _____ Year

1. Tuition Fees – Rs

2. Hostel Fees – Rs

3. Cost of Books - Rs

(Cost of books Rs 5000/- max)

Total (1+2+3) – Rs

Amount claimed 75% of Total 1+2+3 - (Rs)

Amount sanctioned as per scheme (Rs) _____ **(To be filled by welfare Dept.)**

The particulars furnished above are true to the best of my knowledge.

We agree to abide by the decision of the Management Panel & the Trustees in all matters concerned with my application.

Signature of applicant

Signature of parent (L&T employee)

Date: _____

Date: _____

Mob/Resi No.: _____

Mob No /Resi.No.: _____

Email id: _____

Email id: _____

Name of Employee: _____ PS No: _____

In Service ☐ Retired ☐ VRS ☐ (Tick whichever is applicable)

Date of Joining: _____ Date of VRS/Retirement - _____

Cadre & Grade _____ IC/SBU: _____ Dept. Code: _____ Location _____

Residential Address: _____

Verification by SBU Head/ IC HR

The particulars furnished above are Verified and true to the best of my knowledge

Name: _____ PS No : _____

Designation: _____ SBU/IC : _____

Email id : _____ Contact No : _____

Signature: _____ Location: _____ Date _____

Verification by Welfare Department

This form has been checked.

Total eligible amount claimed Rs _____

Amt. Sanctioned Rs _____ (Rs In words : _____)

Name: _____ Signature: _____ Date: _____

Sanction No _____ Date _____

Certified/Attested copies of the following documents to be attached with the form.

These documents to be attested only by SBU Head /IC HR only. (Name & Designation of SBU Head/IC HR should appear distinctly on attested copies)

1. Mark sheets/Grade sheet of all semesters of Degree/Diploma.*
2. Mark Sheet for 10th Std & 12th Std (if appeared)*
3. College Admission Letter *
4. Birth Certificate.
5. Tuition Fee receipts in original.
6. Hostel Fee receipts in original with lodging and boarding breakup.
7. Cash Memo/s in original for purchase of Book/s.
8. Company ID Card of the employee
9. Latest Form 16 from Company. *
10. Undertaking
11. Copy of cheque leaf for remitting the amount by way of NEFT.*
12. Latest passport size photo

‘*’ Documents to be submitted only with 1st Claim and all other documents to be submitted with each claim.

Date:

Education Scheme 1

Scholarship to Meritorious Diploma Engineers for studying graduation in Engineering

Undertaking (For LTIT Student)

I, Ms./Mr. _____, PS no. _____, Dept. & IC _____, hereby declare that pursuant to receiving benefits under the Scholarship to meritorious students for doing graduation in Engineering, I will serve Larsen & Toubro and /or its Subsidiary and Associate Companies for a minimum period of 2 years. Over and above this my ward will also serve the company for a minimum period of two years after graduation in addition to his existing bond with LTIT, subject to meeting the norms of recruitment / availability of vacancy with company, and suitable for employment under the GET scheme.

In-case I fail to work for the specified period of 2 years from the date of disbursement/s received by me under this scheme or my ward fails to join L&T after qualifying, I hereby authorize that

- a) Larsen & Toubro or Its Subsidiary/Associate Companies to recover the sum of monies received under the said scheme by me/ my family members in the preceding two years from date of separation under the said scheme from my settlement amount.
- b) the amount so deducted / recovered be remitted to L&T Employees Welfare Foundation in settlement of the amount paid to me / my family members under this scheme.

Employee's Signature & Name

Employee's SBU Head, Signature & Name

Location: _____

IC - HR Head, Signature & Name

Welfare Department, Signature & Name

Date:

Education Scheme 1

Scholarship to Meritorious Diploma Engineers for studying graduation in Engineering

Undertaking (For Non-LTIT Student)

I, Ms./Mr. _____, PS no. _____, Dept. & IC _____, hereby declare that pursuant to receiving benefits under the Scholarship to meritorious students for doing graduation in Engineering, I will serve Larsen & Toubro and /or its Subsidiary and Associate Companies for a minimum period of 2 years. Over and above this my ward will also serve the company for a minimum period of two years after graduation, subject to meeting the norms of recruitment / availability of vacancy with company, and suitable for employment under the GET scheme.

In-case I fail to work for the specified period of 2 years from the date of disbursement/s received by me under this scheme or my ward fails to join L&T after qualifying, I hereby authorize that

- a) Larsen & Toubro or Its Subsidiary/Associate Companies to recover the sum of monies received under the said scheme by me/ my family members in the preceding two years from date of separation under the said scheme from my settlement amount.
- b) the amount so deducted / recovered be remitted to L&T Employees Welfare Foundation in settlement of the amount paid to me / my family members under this scheme.

Employee's Signature & Name

Employee's SBU Head, Signature & Name

Location: _____

IC - HR Head, Signature & Name

Welfare Department, Signature & Name

Education Scheme- 2 : Support studies of differently abled children of employees*(Revised Form - June.14).***L&T Employees Welfare Foundation – Mumbai****ENROLLMENT FORM No : 1A**

I wish to apply for enrollment of my ward for the academic year _____

Details of differently abled Childa. Name of the Student: _____
(First Name) (Middle Name) (Last Name)

b. Date of Birth: _____ Age: _____ years

c. Sex: ☐ M / ☐ F Married : Yes ☐ No ☐ (Tick whichever is applicable)d. Type of Problem : _____

e. Name of the course : _____

f. Name of Employee: _____ PS No _____

In Service ☐ Retired ☐ VRS ☐ (Tick whichever is applicable)

Date of Joining: _____ Date of VRS/Retirement _____

Cadre & Grade : _____ SBU/IC: _____ Dept. Code _____ Location: _____

Email id : _____ Contact No: _____

Name of Spouse: _____

I agree to abide by the decision of the Management Panel & the Trustees in all matters concerned with my application.

I confirm that the above statements are true and have been verified by me.

Signature of employee _____ Date _____

Residential Address: _____

Tel No.: _____ Mobile No.: _____

Email : _____

Verification by SBU Head/ IC HR

The particulars furnished above are verified and true to the best of my knowledge.

Name : _____ PS No : _____

Designation: _____ SBU/IC : _____

Email : _____ Contact No: _____

Signature : _____ Location : _____ Date: _____

Verification by Welfare Department

The above facts have been checked by me from the employee's record with the company.

Name : _____ Signature _____ Date _____

Enrollment No

Date

Certified/Attested copies of the following documents to be attached with the enrollment form. ***These documents to be attested only by SBU Head /IC HR only. (Name & Designation of SBU Head/IC HR should appear distinctly on attested copies)***

1. Admission letter of concerned Vocational training institute
2. Certification from Government recognized institute confirming minimum of 15% disability.
3. Mark Sheet
4. Company ID Card of the employee
5. Birth Certificate of Child
6. Latest Form 16 from Company

Education Scheme- 2 : Support studies of differently abled children of employees*(Revised Form - June, 14).***L&T Employees Welfare Foundation – Mumbai****Claim Form No: 1B**

(Enrollment No. _____)

(Sanction No. _____ Dated _____ of previous claim)

Name of employee: _____ PS No _____

In Service ☐ Retired ☐ VRS ☐ (Tick whichever is applicable)

Date of Joining: _____ Date of VRS/ Retirement _____

Cadre & Grade _____ IC/SBU _____ Dept. Code: _____ Location: _____

Address : _____

Mobile No.: _____

Office Tel No : _____

Email id : _____

I submit my application for reimbursement of vocational / educational expenses for the academic year: _____

Name of Student (in block letters) _____

Sex: ☐ M / ☐ F Married : Yes ☐ No ☐ (Tick whichever is applicable)

Disability: _____

Name of Institution/ Organization: _____

Name of the Course: _____

Duration : _____

Details of claim made:

Tuition Fees : Rs _____

Others : Rs _____

Total : Rs _____

Eligible amount claimed as per scheme* _____ (*90 % of the Total or Rs 50,000/- whichever is lower)

Cheque in favour of _____

The particulars furnished above are true to the best of my knowledge.

I agree to abide by the decision of the Management Panel & the Trustees in all matters concerned with my application.

Name of Employee: _____

Signature : _____

Date: _____

Verification by SBU Head/ IC HR

The particulars furnished above are verified and true to the best of my knowledge.

Name : _____

PS No: _____

Designation : _____

SBU/IC : _____

Email id : _____

Contact No: _____

Signature : _____

Location _____

Date : _____

Verification by Welfare Department

This form has been checked

Total eligible amount claimed Rs _____

Amt. Sanctioned Rs _____ (In words _____)

Name : _____ Signature : _____ Date: _____

Chq. In favour of : _____

Sanction No

Dated

Certified/Attested copies of the following documents to be attached with the form.

These documents to be attested only by SBU Head /IC HR only. (Name & Designation of SBU Head/IC HR should appear distinctly on attested copies)

1. Tuition Fee receipts in **original**.
2. Certification from Government recognized institute confirming minimum of 15% disability
3. Mark sheets
4. Course completion certificate/Mark sheet at the end of the course.
5. Copy of cheque leaf for remitting the amount by way of NEFT.

Education Scheme – 3: Recognize & Reward National and State level scholarship examination Winners *(Revised Form - June, 14).*

L&T Employees Welfare Foundation – Mumbai.
Claim Form

I wish to apply for reward for my ward for the academic year _____

- a. **Name of the Student:** _____
(First Name) (Middle Name) (Surname)
- b. Date of Birth: _____ Age: _____ years.
- c. Sex: ☐ M / ☐ F ; Married : Yes ☐ No ☐ (Tick whichever is applicable)
- d. Standard: _____
- e. Details of Scholarship Examination: _____
- f. Name of Scholarship Examination passed: _____
- g. Name of School: _____
- h. Date & Year of Examination: _____
- i. Percentage of marks or Grade or Rank (whichever applicable): _____
- j. Eligible amount claimed as per scheme: ` _____

The particulars furnished above are true to the best of my knowledge.

I agree to abide by the decision of the Management Panel & the Trustees in all matters concerned with my application.

Name of Employee: _____ **PS No** _____

In service ☐ Retired ☐ VRS ☐ (Tick whichever is applicable)

Date of Joining: _____ **Date of VRS/Retirement :** _____

Cadre & Grade: _____ **IC/SBU:** _____ **Dept. code:** _____ **Location:** _____

Contact No: _____ **Email id :** _____

Signature : _____ **Date:** _____

Residential Address: _____

Verification by SBU Head/ IC HR

The particulars furnished above are verified and true to the best of my knowledge.

Name : _____

PS No: _____

Designation : _____

SBU/IC : _____

Email id : _____

Contact No: _____

Signature : _____

Location _____

Date : _____

Verification by Welfare Department

This form has been checked.

Total Eligible amount claimed Rs _____

Amt. Sanctioned Rs _____ (In words _____)

Name: _____ Signature: _____ Date: _____

Sanction No

Date

Certified/Attested copies of the following documents to be attached with the enrollment form. ***These documents to be attested only by SBU Head /IC HR only. (Name & Designation of SBU Head/IC HR should appear distinctly on attested copies)***

1. Scholarship Certificate. (In case certificate is not received at the time of application letter from school authority on school letter head in the given prescribed format – Annexure-1)
2. Mark Sheet.
3. Company ID Card of the employee.
4. Copy of cheque leaf for remitting the amount by way of NEFT.

Annexure - 1

School Letterhead

Date :

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Miss/Mstr **(Name of the Student)** was awarded the High School Scholarship by the **(Name of the State)** State Council of Examination **(Month & Year)** for securing the **(Rank No)th** rank in **(Name of the State)** **(Vide Rank No xxxxxxxx).**

Signature of Principal with stamp

Education Scheme - 4: Recognition & Prize for Academic Performance.

(Revised Form - June, 14).

L&T Employees Welfare Foundation – Mumbai

Claim Form

I wish to apply for prize for the academic year _____

a) Name of Student: _____
(First name) (Middle Name) (Surname)

b) Date of Birth: _____ Age: _____ yrs.

c) Sex: ☐ M / ☐ F ; Married : Yes ☐ No ☐ (Tick whichever is applicable)

d) School/College: _____

e) Date of Exam: _____

f) Percentage of Marks or Grade or Rank whichever applicable : _____
(Aggregate Percentage / CGPA / Rank)

g) Name of Exam: X/XII/GT/PGT/DIP/ACA,ACS,ICAI (Tick whichever applicable)

h) Eligible amount claimed as per scheme: ` _____

The particulars furnished above are true to the best of my knowledge.

We agree to abide by the decision of the Management Panel & the Trustees in all matters concerned with my application.

Signature of applicant

Date: _____

Mobile No/Resi No: _____

Email id: _____

Signature of parent (L&T employee)

Date: _____

Mobile No. /Resi. No.: _____

Email id: _____

Name of Employee: _____ PS. No: _____

In service ☐ Retired ☐ VRS ☐ (Tick whichever is applicable)

Date of Joining: _____ Date of VRS/ Retirement: _____

Cadre & Grade: _____ SBU/IC: _____ Dept. Code _____ Location: _____

Residential Address: _____

Verification by SBU Head/ IC HR

The particulars furnished above are verified and true to the best of my knowledge.

Name : _____

PS No : _____

Designation : _____

SBU/IC : _____

Email id : _____

Contact No : _____

Signature : _____ Location _____ Date : _____

Verification by Welfare Department

This form has been checked.

Total Eligible amount claimed Rs _____

Amount sanctioned Rs _____ (In words _____)

Name : _____ Signature: _____ Date _____

Sanction No. _____

Date _____

Certified/Attested copies of the following documents to be attached with the form.

These documents to be attested only by SBU Head /IC HR only.(Name & Designation of SBU Head/IC HR should appear distinctly on attested copies)

1. Birth Certificate attested by L&T official.
2. Photocopy of Original Mark sheet attested by L&T official.
3. Company ID Card of the employee, self-attested.
4. Copy of cheque leaf for remitting the amount by way of NEFT and first page of the passbook if the name of the child is not mentioned as the first holder on the cheque leaf
(Please note remittance will be only made to the Bank account of student only)

Medical Scheme 5 - Medical assistance scheme for Life Threatening Diseases (LTDs)*(Revised Form - June.14).***L&T Employees Welfare Foundation – Mumbai
Claim Form**

Name of employee: _____ PS NO _____

Sex ☐ M / ☐ FIn service ☐ Retired ☐ VRS ☐ (Tick whichever is applicable)

Date of Joining: _____ Date of VRS/Retirement _____

Cadre & Grade _____ SBU/IC: _____ Dept. Code : _____ Location: _____

Office Address : _____

_____ Off Tel No/Mob No : _____

Residence Address _____

_____ Resi Tel No/Mob No : _____

Email id : _____

Name of Patient _____ Relation with Employee _____

Details of Disease / Ailment: _____

I submit my application for reimbursement under Medical assistance scheme for Life Threatening Diseases (LTDs) for the financial year _____ for the treatment of self / my relation _____ (spouse / child –up to age of 21 years)

Details	Amount (Rs)
A - Total expenses incurred	
B - Less amount received from : #	
1	
2	
3	
4	
Subtotal - B	
C – Total (A – B)	
Maximum Eligible Amount – Rs 80,000/-.	

: Please indicate against item numbers 1,2,3 & 4 under B the amount received from other sources if any, to meet the hospitalization expenses.

The particulars furnished above are true to the best of my knowledge. I agree to abide by the decision of the Management Panel & the Trustees in all matters concerned with my application.

Name of Employee: _____ Place: _____

Signature: _____ Date : _____

Verification by SBU Head/ IC HR

The particulars furnished above are verified and true to the best of my knowledge.

Name : _____ PS NO : _____
Designation : _____ SBU/IC : _____
Email - _____ Contact No : _____
Signature : _____ Location : _____ Date: _____

Verification by Powai Medical Services

This form has been checked.

Total eligible amount claimed Rs _____

Amt. Sanctioned Rs _____ (In words _____)

Name : _____ Signature : _____ Date: _____

Documents to be attached with the Claim Form:

(Name & Designation of SBU Head/IC HR should appear distinctly on attested copies)

1. Discharge Card - Original
2. Hospitalization bills / Cash Memos for purchase of medicines - Original
3. Receipts for payments made to hospital - Original
4. Copy of Investigation reports – Attested by SBU Head/IC HR
5. Copy of prescription for purchase of medicines – Attested by SBU Head/IC HR
6. Declaration Form
7. Copy of cheque leaf for remitting the amount by way of NEFT

LTEWF/Scheme-05(Med)
Date:

Medical Assistant scheme for Life Threatening Disease (LTDs)

Declaration

Sub :- Submission of claim for reimbursement of Hospitalization expenses under the above scheme.

I, Ms./Mr. _____ PS no. _____,
Dept. & IC _____, hereby confirm the following:

1. My wife is a house wife.
2. She is employed with _____ and
not getting any medical reimbursement from the employer.
3. My son / daughter is below 21 years and not employed.
4. My son / daughter is above 21 years and employed with
_____ and not getting any medical
reimbursement from the employer.
5. I have not claimed any amount under Mediclaim Policy for this hospitalization.

The particulars furnished above are true to the best of knowledge.

Employee' Signature

Employee' SBU Head, Signature & Name

Location: _____

IC - HR Head, Signature & Name

Welfare Department, Signature & Name

Medical Support
Scheme 6- Support medical treatment for differently abled children.
(Revised Form - June,14).

L&T Employees Welfare Foundation – Mumbai

ENROLLMENT FORM No: 1A

Details of the Employee:

Name of Employee: _____ PS.No. _____

Sex : M ☐ / F ☐ : Married : Yes ☐ No ☐ (Tick whichever is applicable)

In Service ☐ Retired ☐ VRS ☐ (Tick whichever is applicable)

Date of Joining: _____ Date of VRS/ Retirement _____

Cadre & Grade: _____ IC: _____ Dept. Code _____ Location: _____

Date of birth of Employee : _____ Age of employee : _____

Education: _____

Office Address: _____

_____ Off No/Mobile _____

Email: _____

Residential Address: _____

_____ Res No/Mobile _____

Spouse Name: _____ Tel/Mobile No: _____

Email: _____

Sr. No	No. of Family Members & their Names	Relation with the Employee	Occupation

Significant medical history of employee: _____

Significant medical history of family members: _____

Details of the Sickness of the Child for whom claim is lodged. _____

Name of the child	DOB / Age	Gender	Edu.	Health Problems – Tick where applicable			
				Sensory Loss	Physical	Neurological	Mental

Describe the disability & treatment taken up till now: _____

I agree to abide by the decision of the Management Panel & the Trustees in all matters concerned with my application.

I confirm that the above statements are true and have been verified by me.

Employee' Signature: _____ Date: _____

Verification by SUB Head/ IC HR

The particulars furnished above are true to the best of my knowledge.

Name: _____ PS No : _____

Designation: _____ SBU/IC : _____

Email : _____ Contact No : _____

Signature: _____ Location : _____ Date: _____

Verification by Welfare Dept.

The above facts have been checked by me from the employee's record with the company.

Name : _____ Signature _____ Date _____

Enrollment No _____ Date _____

Certified/Attested copies of the following documents to be attached with the enrollment form. ***These documents to be attested only by SBU Head /IC HR only. (Name & Designation of SBU Head/IC HR should appear distinctly on attested copies)***

1. Certification from Government recognized institute confirming minimum of 15% disability.
2. Medical certificate pertaining to the current treatment / therapies undertaken.
3. Company ID Card of the employee.
4. Birth Certificate of Child.
5. Colored photo of the child (post card size).

(Revised Form - June, 14).

Claim Form No :1B

(Enrollment No _____)

(Sanction No : _____ Date _____ of previous claim)

Name of employee: _____ PS NO : _____

Sex: ☒ M / ☐ F ; Married : Yes ☐ No ☐ (Tick whichever is applicable)

In Service ☐ Retired ☐ VRS ☐ (Tick whichever is applicable)

Date of Joining:_____ Date of VRS/Retirement _____

Cadre&Grade _____ IC: _____ Dept.Code : _____ Location: _____

Office Address : _____

Off Tel No/Mob No _____

Email id : _____

Residence Address: _____

Res Tel No _____

Email id : _____

I submit my application for reimbursement under Support medical treatment for differently abled children scheme for the period (From _____ To _____):

Disability of the child: _____

Particulars of Treatment	Details of the Bill	Amount Claimed (Rs)
Total (Rs) -		

I agree to abide by the decision of the Management Panel & the Trustees in all matters concerned with my application.

Name of Employee: _____ Place: _____

Signature: _____ Date: _____

Verification by SBU Head/ IC HR

The particulars furnished above are verified and true to the best of my knowledge.

Name : _____ PS No : _____

Designation : _____ SBU/IC: _____

Email : _____ Contact No : _____

Signature : _____ Location _____ Date: _____

Verification by Welfare Department

This form has been checked.

Total eligible amount claimed: Rs _____

Amount Sanctioned : Rs _____ (In words - _____)

Name : _____ Signature : _____ Date: _____

Chq. In favor of : _____

Sanction No

Date

Original documents to be attached with the Claim Form:

1. Hospitalization bills / Cash Memos for purchase of instruments / appliances.
2. Bill for transportation expenses (if any).
3. Consultant's bill.
4. Receipts for all payments with number of sessions attended. If the amount of claim is above Rs 5000/- the receipt should have revenue stamp.
5. Cheque leaf for remitting the amount by way of NEFT.
6. Undertaking.

LTEWF- Scheme-6(Med)
Date:

Scheme – 6 : Support medical treatment for differently abled children.

Undertaking

I, Ms./Mr. _____, PS no. _____, Dept. & IC _____, hereby declare that pursuant to receiving benefit under the Support medical treatment for differently abled children scheme, I will serve Larsen & Toubro and /or it's Subsidiary and Associate Companies for a minimum period of two years.

In -case I fail to work for the specified period of 2 years, from the date of disbursement/s received by me/my family members under this scheme, I hereby authorize that

- a) Larsen & Toubro or It's Subsidiary / Associate Companies to recover the sum of monies received under the said scheme by me/ my family members in the preceding two years from the date of separation from my settlement amount.
- b) the amount so deducted/recovered be remitted to L&T Employees Welfare Foundation in settlement of the amount paid to me /my family members under this scheme.

Employee' Signature

Employee' SBU Head, Signature & Name

Location: _____

IC - HR Head, Signature & Name

Welfare Department, Signature & Name

Sports & Games
Scheme 7- Recognize & Reward Excellence in Major Sports & Games At National/
International Levels *(Revised Form - June,14).*

L&T Employees Welfare Foundation – Mumbai

Claim Form

I wish to apply for my ward for reward for excellence in Sports/Games for the financial year _____

a.) Name of the child: _____
(First name) (Middle Name) (Surname)

b.) Date of Birth: _____ Age: _____ yrs (As on 01.06.____)

c.) Sex: ☐ M / ☐ F ; Married: Yes: ☐ / No: ☐ (Tick whichever is applicable)

d.) Details of Major Sports/Games/Event : _____

e.) School/College: _____

f.) Name of Sport:/Game/Event _____

g.) State the Rank: (National/ International Level & attach the attested copy of Certificate of Winning)

h.) Date & Year of the Event: _____

i.) Eligible amount claimed as per scheme: ` _____

I agree to abide by the decision of the Management Panel & the Trustees in all matters concerned with my application.

Name of Employee: _____ PS No: _____

In Service ☐ Retired ☐ VRS ☐ (Tick whichever is applicable)

Date of Joining: _____ Date of VRS/Retirement - _____

Cadre & Grade: _____ IC: _____ Dept. Code: _____ Location: _____

Residential Address: _____

Mobile Number: _____

Signature of Employee: _____ Date: _____

Verification by SUB Head/ IC HR

The particulars furnished above are true to the best of my knowledge.

Name: _____

PS No: _____

Designation: _____

SBU/IC: _____

Email id : _____

Contact No : _____

Signature: _____

Location: _____ Date: _____

Verification by Welfare Department

This form has been checked.

Total eligible amount claimed Rs _____

Amount Sanctioned Rs _____ (Rs in Words: _____)

Name: _____ Signature: _____ Date: _____

Sanction No. _____

Date _____

Certified/Attested copies of the following documents to be attached with the form.

These documents to be attested only by SBU Head /IC HR only. (Name & Designation of SBU Head/IC HR should appear distinctly on attested copies)

1. Award Certificate or any other Proof of Award.
2. Birth Certificate.
3. Company ID Card of the employee.
4. Undertaking.
5. Copy of cheque leaf for remitting the amount by way of NEFT.
(Please note remittance will be only made to the Bank account of participant only)

LTEWF- Scheme 7 (Sports)

Date:

Scheme 7 - Recognize & Reward Excellence in Major sports & games at National & International Levels.

Undertaking

I, Ms./Mr. _____, PS no. _____
Dept. & IC _____, hereby declare that pursuant to receiving benefits under the Recognize & Reward Excellence in Major sports & games at National & International Levels scheme, I will serve Larsen & Toubro and/ or It's Subsidiary & Associate Companies for a minimum two years.

In case I fail to work for the specified period of 2 years, from the date of disbursement/s received by me /my family members under this scheme, I hereby authorize that

- a) Larsen & Toubro or It's Subsidiary & Associate Companies to recover the sum of monies received under the said scheme by me/ my family members in the preceding two years from date of separation from my settlement amount.
- b) the amount so deducted / recovered be remitted to L&T Employees Welfare Foundation in settlement of the amount paid to me / my family members under this scheme.

Employee' Signature

Employee' SBU Head, Signature & Name

Location: _____

IC - HR Head, Signature & Name

Welfare Department, Signature & Name

Scheme – 8: Support towards training & education to help in rehabilitating spouses of deceased/ incapacitated employees to become employable.

(Revised Form - June, 14).

L&T Employees Welfare Foundation - Mumbai

ENROLLMENT FORM No :1A

I wish to apply for enrollment for the financial year _____

Details of Spouse of deceased/ incapacitated employee

a. . Name of the spouse (in block letters)::

_____ (First Name) _____ (Middle Name) _____ (Surname)

b. Date of Birth: _____ Age: _____ years

c. Sex: ☐ M / ☐ F (Tick whichever is applicable)

Residential Address: _____

Tel No.: _____ Mobile No.: _____

Email : _____

Name of deceased/ incapacitated employee: _____

Date of Joining: _____ PS.No: _____

Cadre & Grade: _____ SBU/IC: _____ Dept Code: _____ Location: _____

Date of Expiry/ Incapacitation: _____

Name of the course : _____

I agree to abide by the decision of the Management Panel & the Trustees in all matters concerned with my application.

I confirm that the above statements are true.

Signature of Spouse _____ Date _____

Verification by SUB Head/ IC HR

The particulars furnished above are true to the best of my knowledge.

Name: _____ PS No : _____

Designation: _____ SBU/IC : _____

Email id : _____ Contact No : _____

Signature: _____ Location: _____ Date : _____

Verification by Welfare Department

This form has been checked by me from the employee's record with the Company and found correct.

Name: _____

Signature: _____ Date: _____

Enrollment No

Date

Certified/Attested copies of the following documents to be attached with the enrollment form. ***These documents to be attested only by SBU Head /IC HR only. (Name & Designation of SBU Head/IC HR should appear distinctly on attested copies)***

1. Death Certificate /Certificate of incapacitation of the Employee
2. Copy of cheque leaf for remitting the amount by way of NEFT.

Scheme 8 - Support towards training & education to help in rehabilitating spouses of deceased/ incapacitated employees to become employable

(Revised Form - June,14).

L&T Employees Welfare Foundation, Mumbai

Claim Form No :1B

(Enrollment No : _____)

(Sanction No : _____ Date _____ of previous claim)

Details of Spouse of deceased/ incapacitated employee

a. Name of the spouse (in block letters):

_____ (First Name) _____ (Middle Name) _____ (Surname)

b. Date of Birth: _____ Age: _____ years

c. Sex: ☐ M / ☐ F (Tick whichever is applicable)

Residential Address:

Tel No.: _____ Mobile No.: _____

Email : _____

Name of deceased/ incapacitated employee: _____

Date of Joining: _____ PS.No: _____

Cadre & Grade: _____ IC: _____ Dept. Code: _____ Location: _____

Date of Expiry/ Incapacitation: _____

I request you to reimburse the vocational/ educational expenses for the Financial Year: _____

Name of College / Institution: _____

Name of the Course: _____

Duration: _____ Rs per Annum/ course tenure: _____

Expenses incurred	Amount Claimed (Rs)	Eligible amount- Rs1 Lakh or 75% of expenses incurred whichever is lower
Tuition Fees (attach receipts/ vouchers)		

Copy of cheque leaf for remitting the amount by way of NEFT.

Cheque in favor of (Name of Institution): _____

I confirm the above. Original Fee Receipt / Vouchers for the amount claimed is enclosed & I shall submit the mark sheet/ course completion certificate at the end of the course.

I agree to abide by the decision of the Management Panel & the Trustees in all matters concerned with my application.

Name: _____ Place: _____

Signature: _____ Date: _____

Verification by SUB Head/ IC HR

The particulars furnished above are true to the best of my knowledge.

Name: _____ PS No: _____

Designation: _____ SBU/IC: _____

Email id : _____ Contact : _____

Signature: _____ Location _____ Date _____

Verification by Welfare Department

This form has been checked.

Total eligible amount claimed: Rs _____

Amt. sanctioned :Rs _____ (Rs in words : _____)

Name: _____ Signature _____ Date _____

Sanction No _____

Date _____

Certified/Attested copies of the following documents to be attached with the form.
These documents to be attested only by SBU Head /IC HR only. (Name & Designation of SBU Head/IC HR should appear distinctly on attested copies).

1. Death Certificate /Certificate of incapacitation of the Employee
2. Copy of cheque leaf for remitting the amount by way of NEFT
3. Tuition Fees (attach receipts/ vouchers) – Original

Details of courses:

Tailoring & Embroidery	Computer Course
Fashion Designing	Typing, DTP
Textile Designing	Secretarial Course
Art & Craft	Montessori Teacher's training Course
Beauty Parlor	Para Medical Courses
Jewelry Designing	Graduation, Degree / Diploma
Driving	Food processing /Bakery & Confectionery
Catering	Housekeeping

**Scheme 9 : Support education of children of employees died while in service/
fully incapacitated while in service.**

(Revised Form - June, 14).

L&T Employees Welfare Foundation - Mumbai

ENROLLMENT FORM No :1A

Name of deceased / incapacitated employee _____

Date of Joining: _____ PS No. : _____

Cadre& Grade _____ SBU/IC _____ Dept. Code: _____ Location: _____

Date of Expiry/Incapacitation: _____

Name of Spouse /Guardian: _____ **Relation:** _____

Address : _____

Tel No/ Mobile No. : _____ **Email id:** _____

Data regarding the children to be enrolled:

Sr. No.	Name	Date of Birth (enclose proof)	Sex	Standard	Remarks, if any
1					
2					

I agree to abide by the decision of the Management Panel & the Trustees in all matters concerned with my application.

I confirm that the above statements are true and have been verified by me.

Signature: _____ **Date :** _____

Verification by SUB Head/ IC HR

The particulars furnished above are true to the best of my knowledge.

Name: _____ **PS No :** _____

Designation: _____ **SBU/IC :** _____

Email id _____ **Contact No :** _____

Signature: _____ **Location** _____ **Date:** _____

Verification by Welfare Department

The above facts have been checked by me from the employee's record with the company.

Name: _____ Signature : _____

Enrollment No

Date

Certified/Attested copies of the following documents to be attached with the enrollment form. ***These documents to be attested only by SBU Head /IC HR only. (Name & Designation of SBU Head/IC HR should appear distinctly on attested copies)***

1. Death Certificate /Certificate of incapacitation of the Employee
2. Child Birth Certificate
3. Copy of cheque leaf in the name of guardian and if name of the guardian is not mentioned on the cheque leaf of first page of the passbook for remitting the amount by way of NEFT.

Scheme 9 : Support education of children of employees died while in service/ fully incapacitated while in service.

(Revised Form - June, 14).

**L&T Employees Welfare Foundation – Mumbai
Claim Form No:1B**

(Enrollment No _____)

(Sanction No : _____ Date _____ of previous claim)

Name of deceased / incapacitated employee _____

Date of Joining: _____ PS No. : _____

Cadre & Grade _____ SBU/IC _____ Dept. Code: _____ Location: _____

Date of Expiry/Incapacitation: _____

Name of Spouse / Guardian: _____ **Relation:** _____

Address : _____

Tel No/ Mobile No. : _____ **Email id:** _____

I request you to reimburse the educational expenses of my children/wards for the academic Year: _____

	First Child		Second Child	
Name (in block letters)				
Name of School/Institute				
Standard / Year				
	Rs Per annum		Rs Per annum	
Expenses incurred	Amount claimed	Eligible amount as per scheme	Amount claimed	Eligible amount as per scheme
1. Tuition Fee				
2. Uniform				
3. Books				
4. Transport				
5. Hostel				
Total amount (Rs)				

I confirm the above.

I agree to abide by the decision of the Management Panel & the Trustees in all matters concerned with my application.

Name of the Spouse/ Guardian: _____

Signature: _____ Place: _____

Verification by SBU Head/ IC HR

The particulars furnished above are verified and true to the best of my knowledge.

Name : _____ PS No : _____

Designation: _____ SBU/IC: _____

Email id : _____ Contact No : _____

Signature: _____ Location _____ Date: _____

Verification by Welfare Department

This form has been checked.

Total eligible Amount Claimed : _____

Amount Sanctioned(Rs) _____ (In words _____)

Name: _____ Signature: _____ Date _____

Sanction No

Date

Certified/Attested copies of the following documents to be attached with the form.

These documents to be attested only by SBU Head /IC HR only. (Name & Designation of SBU Head/IC HR should appear distinctly on attested copies)

1. Death Certificate /Certificate of incapacitation of the Employee
2. Original / attested copy of Annual Progress report/Marksheet/Gradesheet.
3. Child Birth Certificate
4. Tuition Fee receipts in original
5. Cash Memo in original for uniforms purchased
6. Cash Memo/s in original for purchase of books
7. Original receipt for payment for transport
8. Hostel Fee receipts in original with lodging and boarding break up.
9. Copy of cheque leaf in the name of the guardian and if name of the guardian is not mentioned on the cheque leaf first page of the passbook for remitting the amount by way of NEFT.