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://Intscapenew.ltindia.com)

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

TRUSTEE

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

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

L&T Employees Welfare Foundation – Mumbai

I wish to apply for the scholarship for th	or Engineering after 12 th & Medicin ne 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 w	nichever applicable)
(d) Name of School/College (of 12 th Std):		
(e) Date & Year of 12 th Std. Exam :	; % Marks obtained in	n 12 th Std:
(f) Entrance Exam: JEE / AIEEE / CET //	AIPMT (Engg/Medicine) : (Tick whi	chever applicable)
(g) Ranking/%Marks/Grade (Whichever i	is applicable) obtained in Entrance	Exam :
(h) Name of Engg/Med College admitted	l:	
(i) Details of claim made for 1 st 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	
	.2.0/ 1.0	
Amount sanctioned as per scheme		illed by welfare dept.)
Amount sanctioned as per scheme	e - Rs <i>(To be f</i>	illed by welfare dept.)
	e - Rs <i>(To be f</i>	
Amount sanctioned as per scheme The particulars furnished above are true We agree to abide by the decision of	e - Rs (To be fine to the best of my knowledge. of the Management Panel & the	
Amount sanctioned as per scheme The particulars furnished above are true We agree to abide by the decision of concerned with this application.	e - Rs (To be fine to the best of my knowledge. of the Management Panel & the	Trustees in all matters
Amount sanctioned as per scheme The particulars furnished above are true We agree to abide by the decision of concerned with this application. Signature of applicant	e - Rs (To be fine to the best of my knowledge. of the Management Panel & the Signature of panel Date:	Trustees in all matters
Amount sanctioned as per scheme The particulars furnished above are true We agree to abide by the decision of concerned with this application. Signature of applicant Date:	e - Rs (To be fine to the best of my knowledge. of the Management Panel & the Signature of parts: Mobile No./Res	Trustees in all matters arent (L&T employee)
Amount sanctioned as per scheme The particulars furnished above are true We agree to abide by the decision of concerned with this application. Signature of applicant Date: Mobile No/Resi No:	e - Rs (To be fine to the best of my knowledge. of the Management Panel & the Signature of parts: Mobile No./Rest Email id:	Trustees in all matters rent (L&T employee)
Amount sanctioned as per scheme The particulars furnished above are true We agree to abide by the decision of concerned with this application. Signature of applicant Date: Mobile No/Resi No: Email id:	e - Rs (To be fine to the best of my knowledge. of the Management Panel & the Signature of parts: Mobile No./Rest Email id:	Trustees in all matters arent (L&T employee)
Amount sanctioned as per scheme The particulars furnished above are true We agree to abide by the decision of concerned with this application. Signature of applicant Date: Mobile No/Resi No: Email id: Name of Employee:	e - Rs	Trustees in all matters arent (L&T employee) si.No:
Amount sanctioned as per scheme The particulars furnished above are true We agree to abide by the decision of concerned with this application. Signature of applicant Date: Mobile No/Resi No: Email id: Name of Employee: In Service Retired	e - Rs	Trustees in all matters arent (L&T employee) si.No:

	Verification by	SBU Head/ IC HF	₹
The particulars furnish	ned above are verified	and true to the best	of my knowledge.
Name:			
		SBU/IC:	
		Contact no :	
Signature:	-	Location	Date
	Verification by W	/elfare Departmer	nt .
Γhis form has been checke	•	/elfare Departmer	nt ·
	d.	/elfare Departmer	nt ·
This form has been checke Total eligible Amount claime Amt. sanctioned Rs	d. ed Rs	·	

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 12 th Std):
(e) Date & Year of 12 th Std. Exam:&%Marks/Grade obtained in 12 th 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:2 nd /3 rd /4 th (Engg) :: 2 nd /3 rd /4 th /Final(Med)(<i>Tick whichever applicable</i>)
(J) 1 st Sem (%/Grade) 2 nd Sem (%/Grade) (1 st Year Aggregate)
3 rd Sem (%/Grade) 4 th Sem (%/Grade) (2 nd Year Aggregate)
5th Sem (%/Grade)6 th Sem (%/Grade) (3 rd Year Aggregate)
7th Sem (%/Grade)8 th 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.
, and an earliest the particular to provide
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:
Mobile No /Resi No: Mobile No /Resi. No:
Email id: Email id:

			·	
Name of Employee:		PS No	·	
In Service	Retired	tired VRS (Tick whichever is applicable)		
Date of Joining:		Date of VRS/Re	tirement:	
Cadre & Grade	SBU/IC:	Dept. Code:	Location:	
Residential Address	·			
		by SBU Head/ IC HR		
The particulars furni	shed above are verific	ed and true to the best	of my knowledge.	
Name:		PS No		
Designation:		SBU/IC		
Email id :		Contact No		
Signature:	Loca	tion :	Date:	
	Verification b	y Welfare Departmen	t	
This form has been che		y Welfare Departmer	t	
	ecked.		t	
This form has been che Total eligible amount cl Amt. sanctioned Rs	ecked. aimed Rs)
Total eligible amount cl	ecked. aimed Rs (In words:			

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 *
- 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.

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

•		<u>Undertaking</u>
I, Ms./Mr.		, PS no,
Dept. &	IC	, hereby declare that pursuant to receiving benefits
under the	e Scholarship to me	ritorious students for doing graduation in Engineering and
		Toubro and /or it's Subsidiary and Associate Companies for a
		ver and above this my ward will also serve the company for a
	•	after graduation, subject to meeting the norms of recruitment / npany, and suitable for employment under the GET scheme.
In-case I	fail to work for the s	specified period of 2 years from the date of disbursement/s
received	by me under this sch	neme or my ward fails to join L&T after qualifying, I hereby
authorize	that	
a)	Larsen & Toubro or	It's Subsidiary/Associate Companies to recover the sum of
,		nder the said scheme by me/ my family members in the
	preceding two years	s from date of separation under the said scheme from my
	settlement amount.	
b)	the amount so ded	ucted / recovered be remitted to L&T Employees Welfare
D)		ement of the amount paid to me / my family members under
	this scheme.	
Employ	vee's Signature	Employee's SBU Head, Signature & Name
Location:		
IC . UD L	lead, Signature & Nar	me Welfare Department, Signature & Name
10 - 11171	ioda, Oigilatulo a Mai	Trondic Department, organical or tallie

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

(a) Hame of Otudent	(First name)	(Middle Name)	(Surname)
		s (As on 01.06)	
(c) Sex: M / F ;	Married : Yes No	(Tick whichever a	oplicable)
(d) Name of School (10) th Std) :		
(e) Date & year of 10 th E	Exam:& % N	Marks / Grade obtained in	10 th Std:
(f) Date & year 12 th Exa	am: :& %Marks	s/ Grade obtained in 12 th S	td:(if appeared)
(g) Name of Branch (Ele	ec/Mech/Comp etc.) :		
(h) % of Marks: 5 th Sem	% , 6 th Sem % ;	; Aggregate% (For	3 years Diploma)
(i) % of Marks: 7 th Sem-	% 8 th Sem%:	Aggregate% (For	4 years Diploma)
(j) Name of Engineering	College admitted:		
 Hostel Fees – Rs Cost of Books - Rs 	· (Co	st of books Rs 5000/- m	ax)
Total (1+2+3) – Rs Amount claimed - 75 Amount sanctioned a The particulars furnished	5% of Total (1+2+3) - Reas per scheme Rs d above are true to the leaders of the Manag	s (To be filled by	welfare dept.)
Total (1+2+3) - Rs Amount claimed - 75 Amount sanctioned a The particulars furnished We agree to abide by th	of Total (1+2+3) - Reas per scheme Rs d above are true to the lead of the Managication.	s <i>(To be filled by</i> best of my knowledge.	welfare dept.) ees in all matters
Total (1+2+3) - Rs Amount claimed - 75 Amount sanctioned a The particulars furnished We agree to abide by th concerned with my appl	5% of Total (1+2+3) - Reas per scheme Rs d above are true to the leaders of the Managication.	s (To be filled by best of my knowledge. gement Panel & the Trust	welfare dept.) ees in all matters employee)
Total (1+2+3) - Rs Amount claimed - 75 Amount sanctioned a The particulars furnished We agree to abide by the concerned with my apple	5% of Total (1+2+3) - Reas per scheme Rs d above are true to the edecision of the Managication.	best of my knowledge. gement Panel & the Trust Signature of parent (L&T	welfare dept.) ees in all matters employee)
Total (1+2+3) - Rs Amount claimed - 75 Amount sanctioned a The particulars furnished We agree to abide by th concerned with my appl Signature of applicant Date:	5% of Total (1+2+3) - Reas per scheme Rs d above are true to the leaders of the Managication.	to be filled by the best of my knowledge. Gement Panel & the Trust Signature of parent (L&T) Date:	welfare dept.) ees in all matters employee)
Total (1+2+3) - Rs Amount claimed - 75 Amount sanctioned a The particulars furnished We agree to abide by the concerned with my apple Signature of applicant Date: Mob/Resi No.:	5% of Total (1+2+3) - Reas per scheme Rs d above are true to the leaders of the Managication.	best of my knowledge. gement Panel & the Trust Signature of parent (L&T Date: Mob No /Resi.No.:	welfare dept.) ees in all matters employee)
Total (1+2+3) - Rs Amount claimed - 75 Amount sanctioned a The particulars furnished We agree to abide by the concerned with my apple Signature of applicant Date: Mob/Resi No.: Email id: Name of Employee:	5% of Total (1+2+3) - Reas per scheme Rs d above are true to the leaders of the Managication.	best of my knowledge. gement Panel & the Trust Signature of parent (L&T Date: Mob No /Resi.No.: Email id:	welfare dept.) ees in all matters employee)
Total (1+2+3) - Rs Amount claimed - 75 Amount sanctioned a The particulars furnished We agree to abide by the concerned with my apple Signature of applicant Date: Mob/Resi No.: Email id: Name of Employee:	of Total (1+2+3) - Reas per scheme Rs d above are true to the decision of the Managication.	best of my knowledge. gement Panel & the Trust Signature of parent (L&T Date: Mob No /Resi.No.: Email id:	ees in all matters employee)
Total (1+2+3) — Rs Amount claimed - 75 Amount sanctioned a The particulars furnished We agree to abide by the concerned with my apple Signature of applicant Date: Mob/Resi No.: Email id: Name of Employee: In Service Reti Date of Joining:	5% of Total (1+2+3) - Reas per scheme Rs d above are true to the decision of the Managication.	best of my knowledge. gement Panel & the Trust Signature of parent (L&T Date: Mob No /Resi.No.: Email id: PS No: (Tick whichever is ap	ees in all matters employee)

The particulars furnished abo	Verification by SBU Head/ ove are verified and true to the	
Name:	PS No	I
Designation:	SBU/I	IC
Email id :	Contac	ct No
Signature:	Location:	Date
Venis form has been checked.	erification by Welfare Depa	<u>artment</u>
otal eligible amount claimed: Rs _		

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 &

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

Amount sanctioned Rs_____(In words :_____)

Signature: _____ Date:____

- 1. Mark sheets/Grade sheet of all semesters of Diploma.
- 2. Mark Sheet for 10thStd & 12thStd (if appeared)
- 3. College Admission Letter
- 4. Birth Certificate.
- 5. Tuition Fee receipts in original.

Date

- 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

Sanction No

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 ye	ar's claim)
I wish to apply for the scholarship for the academic year	
(a) Name of Student: (First name) (Middle Name) (St	urname)
(b) Date of Birth: Age: yrs (As on 01.06)	
(c) Sex: M / F ; Married : Yes No (Tick whichever applicable	ə)
(d) Name of School (10 th Std) :	
(e) Date & year of 10 th Exam:& % Marks/Grade obtained in 10 th Std:	
(f) Date & year of 12 th Exam: : & % Marks/Grade obtained in 12 th Std:_	(if appeared)
(g) Name of Branch (Elec/Mech/Comp etc.) :	
(h) % of Marks: 5 th Sem % , 6 th Sem % ; Aggregate% (For 3 year	ars Diploma)
(i) % of Marks: 7 th Sem % , 8 th Sem % : Aggregate % (For 4 year	s Diploma)
(j) Name of Engg College admitted:	
(k) Studying in year: 3 rd / 4 th (Tick whichever applicable)	
(I) 3 rd Sem (%/Grade)4 th Sem (%/Grade) (2 nd Year Aggre	gate)
5th Sem (%/Grade)6 th Sem (%/Grade) (3 rd Year Aggre	egate)
7th Sem (%/Grade)8 th Sem (%/Grade) (4 th Year Aggr	egate)
(m) Details of Claim Made for Year 1. Tuition Fees – Rs 2. Hostel Fees – Rs	
	ks 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 be	y 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 Trust concerned with my application.	ees in all matters
Signature of applicant Signature of parent (La	&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 whicheve	er is applicable)	
Date of Joining:	Date of	VRS/Retirement	_	
Cadre & GradeIC/S	BU: Dep	t. Code:	Location	
Residential Address:				
	Verification by SBU			
The particulars furnished ab	ove are Verified and tru	ue to the best of n	ny knowledge	
Name:	F	PS No :		
Designation:		SBU/IC :		
Email id :		Contact No :		_
Signature:	Location:		_Date	
	/erification by Welfar	e Department		
This form has been checked.				
Total eligible amount claimed Rs				
Amt. Sanctioned Rs(Rs In words :)
Name:	_Signature:	Date:		_
Sanction No Da	ate			1

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 10thStd & 12thStd (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

^{&#}x27;*' Documents to be submitted only with 1st Claim and all other documents to be submitted with each claim.

Education Scheme 1

Scholarship to Meritorious Diploma Engineers for studying graduation in Engineering

Undertaking (For LTIT Student)

under the Scholarship to meritorious stude serve Larsen &Toubro and /or it's Subsidia period of 2 years. Over and above this my w period of two years after graduation in addi	, PS no, by declare that pursuant to receiving benefits nts for doing graduation in Engineering, I will ary and Associate Companies for a minimum rard will also serve the company for a minimum ition to his existing bond with LTIT, subject to lity of vacancy with company, and suitable for
	od of 2 years from the date of disbursement/s vard fails to join L&T after qualifying, I hereby
monies received under the said scher	Associate Companies to recover the sum of me by me/ my family members in the preceding under the said scheme from my settlement
	red be remitted to L&T Employees Welfare unt paid to me / my family members under this
Employee's Signature &Name	Employee's SBU Head, Signature & Name
Location:	
IC - HR Head, Signature & Name	Welfare Department, Signature & Name

LTEWF/S	Scheme-0	1(Edu-Dip)
Date:		

Education Scheme 1

Scholarship to Meritorious Diploma Engineers for studying graduation in Engineering

Undertaking (For Non-LTIT Student)

I, Ms./Mr	, PS no
under the Scholarship to meritorious serve Larsen &Toubro and /or it's S period of 2 years. Over and above thi period of two years after graduation, s	, PS no
	d period of 2 years from the date of disbursement/s or my ward fails to join L&T after qualifying, I hereby
received under the said scheme by	/Associate Companies to recover the sum of monies y me/ my family members in the preceding two years aid scheme from my settlement amount.
	d be remitted to L&T Employees Welfare Foundation in e / 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 diffe	rently abled Child	
a. Name of the Student: _			
	(First Name)	(Middle Name)	(Last Name)
b. Date of Birth:	Age:	years	
c. Sex: M / F Mai	rried : Yes No [(Tick whichever is appli	cable)
d. Type of Problem :			·
e. Name of the course :	<u>-</u>		
f. Name of Employee:		PS No	
In Service Retire	ed VRS	S (Tick whichever is app	licable)
Date of Joining:	D	ate of VRS/Retirement	
Cadre & Grade :	SBU/IC:	Dept. CodeL	ocation:
Email id :		Contact No:	
Name of Spouse:			
I agree to abide by the decision with my application.	ion of the Manageme	nt Panel & the Trustees in all	matters concerned
I confirm that the above state	ements are true and h	ave been verified by me.	
Signature of employee		Date	
Residential Address:			-
Tel No.:	Mobil	e No.:	
Email :			
		SBU Head/ IC HR	
The particulars furnished abov	e are verified and true	to the best of my knowledge.	
Name :		PS No :	
Designation:		SBU/IC :	
Email :		Contact No:	

	Verification by Welfare	Department
The above facts have been	checked by me from the emp	ployee'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
	VRS (Tick whichever is ap	
Date of Joining:	Date of VRS/ Retirer	nent
Cadre & GradeIC/SBU	Dept. Code:	Location:
Address :		
Mobile No.:	Office Tel No :_	
Email id :		
I submit my application for reimbursem academic year:		
Name of Student (in block letters)		
Sex: M / F Married : Yes	No (Tick whichev	er 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	e*(*90 % of the Total or R	s 50,000/- whichever is lower)
Cheque in favour of		
The particulars furnished above are true	e to the best of my knowledge	
I agree to abide by the decision of the Months concerned with my application.	Management Panel & the Trus	tees in all matters
Name of Employee:		
Signature :	Da	te:

	Verification by S	SBU Head/ IC HR		•
The particulars furnished	l above are verified an	d true to the best of	my knowledge.	
Name :		PS No:		
Designation :		SBU/IC :		
Email id :		Contact No:		
Signature :	Location		Date :	
	Verification by W	elfare Department		
This form has been chec	ked			
Total eligible amount clai	med Rs			
Amt. Sanctioned Rs	(In words)
Name :	Signat	ure :	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. <u>Claim Form</u>

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 ; Marr	ied : Yes No] (Tick whichever is applic	able)
d. Standard:			
e. Details of Scholarship Exa	amination:		
f. Name of Scholarship Exar	nination passed:	·	
g. Name of School:			
h. Date & Year of Examination	on:		
i. Percentage of marks or Gr	ade or Rank (whicheve	er applicable):	
j. Eligible amount claimed as	per scheme: `		
The particulars furnished abo	ove are true to the best	of my knowledge.	
I agree to abide by the decis			all matters concerned
·	sion of the Manageme	nt Panel & the Trustees ir	
I agree to abide by the decise application. Name of Employee:	sion of the Manageme	nt Panel & the Trustees ir	0
I agree to abide by the decise application. Name of Employee:	sion of the Managemen	nt Panel & the Trustees in PS N (Tick whichever is applica	0
I agree to abide by the decisapplication. Name of Employee: In service Retired	sion of the Management	nt Panel & the Trustees in PS N (Tick whichever is applicate of VRS/Retirem	o ble) nent :
I agree to abide by the decise application. Name of Employee: In service Retired Date of Joining:	VRS U	nt Panel & the Trustees in PS N (Tick whichever is applica Date of VRS/Retirem Dept. code:	o ble) nent : _ Location:
I agree to abide by the decisapplication. Name of Employee: In service Retired Date of Joining: Cadre & Grade: Contact No:	VRS U	nt Panel & the Trustees in PS N (Tick whichever is applicate of VRS/Retirem Dept. code: Email id:	o ble) nent : _ Location:
I agree to abide by the decisapplication. Name of Employee: In service Retired Date of Joining: Cadre & Grade:	VRS U	nt Panel & the Trustees in PS N (Tick whichever is applica Date of VRS/Retirem Dept. code: Email id: Date:	oble) nent : Location:

	Verification by	/ SBU Head/ IC HR		
The particulars furnished	above are verified an	d true to the best of	f my knowledge.	
Name : PS No:				
Designation :		SBU/IC :		
Email id :		Contact No:		
Signature :	Location		Date :	_
	Verification by	Welfare Departme	nt	
This form has been checked				,
Total Eligible amount claime	d Rs			
Amt. Sanctioned Rs	(In words)
Name:		Signature:	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.

Sanction No

3. Company ID Card of the employee.

Date

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 xxxxxxxxx.

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 Signature of parent (L&T employee)
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. CodeLocation:
Residential Address:

	Verification by SBU Head/	IC HR			
The particulars furnished abov	e are verified and true to the best	of my knowledge.			
Name :	P	S No :			
Designation : SBU/IC :					
Email id :	C	ontact No :			
Signature :	Location	Date :			
	Verification by Welfare Depa	ırknent			
This form has been checked.					
Total Eligible amount claimed R	s				
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 / F		
In service Retired	VRS	(Tick whichever is applicable)
Date of Joining:	Date of VI	RS/Retirement
		ot. Code : Location:
Office Address :		
		No :
		b No :
Name of Patient	R	Relation with Employee
Details of Disease / Ailment:		
Diseases (LTDs) for the financia (spouse / chil	al year ld –up to age of 21 years)	ll assistance scheme for Life Threatening for the treatment of self / my relation
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		amount received from other courses if
any, to meet the hospitalization ex		amount received from other sources if
The particulars furnished above are to the Management Panel & the Trustee		vledge. I agree to abide by the decision of divith my application.
Name of Employee:		Place:
Signature:		Date :

	Verification by	SBU Head/ IC HR		
The particulars furnished above	e are verified and true	e to the best of my	knowledge.	
Name :		PS NO :		
Designation :		SBU/IC:		
Email -		Contact No :		
Signature :	Location	·	Date:	·
	Verification by Po	wai Medical Servi	ces	
This form has been checked.				
Total eligible amount claimed F	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,			
D	ept.& I	c		, he	ereby	confirm t	he foll	owing:	
1.	. My wife is a house wife.								
2.	She is employed with not getting any medical reimburser						om the	e employer.	
3.	My s	on / da	aught	ter is below	21 ye	ears and	not en	nployed.	
4.							bove 21 years and employed and not getting any m		
	reiml	oursen	nent '	from the en	nploye	er.			
5.	I hav	e not o	claim	ed any amo	ount u	ınder Me	diclaim	Policy for this hospitalization.	
The partic	culars f	furnish	ed a	bove are tru	ue to	the best (of knov	wledge.	
The partion			ed a	bove are tru	ue to			wledge. ee' SBU Head, Signature & Name	
	e' Sign	ature			ue to				

LTEWF/Scheme-05(Med)/October 2012

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: Dat	te of VRS/ Retirement					
Cadre & Grade:IC:	Dept. CodeLocation:					
Date of birth of Employee : Age of employee :						
Education:						
Office Address:						
Off No/Mob	ile					
Email:						
Residential Address:						
Res No/Mo						
Spouse Name:	Tel/Mobile No:					
Email:						
Sr. No. of Family Members & their Names No	Relation with the Occupation Employee					
Significant medical history of employee:						
Significant medical history of family members	s:					
Details of the Sickness of the Child for whom	ı claim is lodged.					

Name of the child	DOB / Age	Gender	Edu.	Health Problems – Tick where applicable			ble
				Sensory Loss	Physical	Neurological	Mental
					,		
				,			
Describe the disability &	& treatment tal	ken up till	now: _				_
							_
I agree to abide by the with my application.	decision of the	e Manage	ment Pa	anel & the Trustee	es in all matte	ers concerned	
I confirm that the above	statements a	re true an	d have	been verified by n	ne.		
Employee' Signature: _			· · · · ·	Date:			_
4.00	V	erificatio	on by S	SUB Head/ IC H	R		
The particulars furnishe	ed above are tr	ue to the	best of	my knowledge.			
Name:			PS I	No :			
Designation:			SBU	/IC :			
Email :			Cor	ntact No :			
Signature:		Location	on :		_Date:		
		Verifica	tion by	/ Welfare Dept.			
The above facts have I	been checked	by me fro	m the e	employee's record	with the con	npany.	
Name :				Signature	D	ate	
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).

Medical Support

Scheme 6- Support medical treatment for differently abled children.

(Revised Form - June, 14).

L&T Employees Welfare Foundation – Mumbai

Claim Form No :1B (Enrollment No______

(Sanction No :	Date	_of previous claim)
Name of employee:		PS NO :
Sex: M / F ; Married : Yes No	Tick whichev	er is applicable)
In Service Retired VRS	(Tick whicheve	er is applicable)
Date of Joining: Dat	e of VRS/Retireme	ent
Cadre&GradeIC:	Dept.Code :	Location:
Office Address :		
Off Tel I	No/Mob No	
Email id :		
Res Te	el No	
Email id :		
I submit my application for reimbursement und abled children scheme for the period (From _ Disability of the child:	Т	o):
Particulars of Treatment	Details of the Bill	Amount Claimed (Rs)
		ALIF I P
Total (Rs) -		
The particulars furnished above are true to the	best of my knowle	edge.
I agree to abide by the decision of the Manage concerned with my application.	ement Panel & the	Trustees in all matters
Name of Employee:		Place:
Signature:		Date:

	Verification by SI	BU Head/ IC	HR
The particulars furnished ab	ove are verified and	true to the bes	st of my knowledge.
Name :		PS No :	
Designation :		SBU/IC: _	
Email :		Contact No):
Signature :	Loca	ion	Date:
V	erification by We	fare Departr	nent
This form has been checked	l.		
Total eligible amount claime	ed: 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.

$\label{eq:Scheme-6:Support medical treatment for differently abled children.}$

Undertaking

Support n Toubro ar years. In -case I	, hereby declare the nedical treatment for differently about the different of the specified period of the specified perio	e Companies for a minin	g benefit under the will serve Larsen & num period of two
	Larsen & Toubro or It's Subsidiary monies received under the said preceding two years from the date	/ Associate Companies t scheme by me/ my fan	o recover the sum of nily members in the
b)	the amount so deducted/recover Foundation in settlement of the arthris scheme.		
Employee'	Signature	Employee' SBU Head	d, Signature & Name
Location: _			•
IC - HR He	ead, Signature & Name	Welfare Departmen	nt, 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

a.) Name of the child:		(A4'.1.11. A1	
•	(First name)	(Middle Name)	(Surname)
b.) Date of Birth:	Age:	yrs (As on 01.06)
c.) Sex: M / F ;	Married: Yes:	/ No: (Tick whiche	ver is applicable)
d.) Details of Major Sp	oorts/Games/Even	t :	<u></u>
e.) School/College:			
f.) Name of Sport:/Ga	me/Event		
g.) State the Rank: Certificate of Winning)	-	tional Level & attach th	ne attested copy of
h). Date & Year of the	Event:		
,			
i) Fligible amount clai	med as ner schen	ne. '	
,	·	ne:`	_
l agree to abide by t	the decision of th	ne:`e Management Panel &	_
I agree to abide by t matters concerned wit	the decision of the high my application.		the Trustees in all
I agree to abide by to matters concerned with Name of Employee:	the decision of the	e Management Panel &	the Trustees in all
	the decision of the ham application.	e Management Panel &	the Trustees in all applicable)
I agree to abide by to matters concerned with Name of Employee: In Service Retire Date of Joining:	the decision of the ham application. The decision of the ham application. The decision of the ham application of the ham application.	e Management Panel & PS No: (Tick whichever is	the Trustees in all applicable)
I agree to abide by to matters concerned with Name of Employee:	the decision of the hamy application. The decision of the ham application. The decision of the ham application. The decision of the ham application of the ham application.	e Management Panel & PS No: (Tick whichever is Date of VRS/Retirement	the Trustees in all applicable)

The particulars furnished abov	Verification by SUB He		
Name:		PS No:	
Designation:	S	BU/IC:	
Email id :		Contact No :	
Signature:	Location:	Date:	
V	erification by Welfare D	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.

<u>Undertaking</u>

I. Ms./Mr.		, PS no
Dept.& IC	, hereby declare that	PS no t pursuant to receiving benefits under the
Recognize scheme, I	e & Reward Excellence in Major sports will serve Larsen & Toubro and/ or It's	& games at National & International Levels s Subsidiary & Associate Companies for a
minimum	two years.	
In case I received b	fail to work for the specified period of y me /my family members under this so	2 years, from the date of disbursement/s cheme, I hereby authorize that
a)	Larsen & Toubro or It's Subsidiary & A	Associate Companies to recover the sum of
	monies received under the said sch	neme by me/ my family members in the
	preceding two years from date of sepa	ration from my settlement amount.
b)	the amount so deducted / recovered	be remitted to L&T Employees Welfare
	Foundation in settlement of the amou	int paid to me / my family members under
	this scheme.	
Employe	ee' Signature	Employee' SBU Head, Signature & Name
Location:		
IC - HR He	ead, 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 decea	sed/ incapa	acitated employee	
a Name of the spouse (in blo	ock letters)∷		
(First Name)		(Middle Name)	(Surname)
b. Date of Birth:	Age:	years	
c. Sex: M / F (Tick w	/hichever is	applicable)	
Residential Address:			
Tel No.:		_ Mobile No.:	
Email :			
Name of deceased/ incapa	citated emp	oloyee:	
Date of Joining:			PS.No:
Cadre & Grade:SBL	J/IC:	Dept Code:	Location:
Date of Expiry/ Incapacitation	on:	_ _	
Name of the course :			
I agree to abide by the decis matters concerned with my		/lanagement Panel &	k the Trustees in all
I confirm that the above stat	ements are	true.	
Signature of Spouse		Date	

	Verification by SUB Head/	IC HR
The particulars furnished a	above are true to the best of r	ny knowledge.
Name:	PS No :	
Designation:	SBU/IC :	
Email id :	Contact No	:
Signature:	Location:	Date :
This form has been checker found correct. Name:	Verification by Welfare Depared by me from the employee's	s record with the Company and
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 do	_	ed employe	e
(First Name)	(Middle Na	ame)	(Surname)
b. Date of Birth:	Age:	years	
c. Sex: M / F (Tie	ck whichever is applicab	le)	
Residential Address:			
Tel No.:	Mobi	ile No.:	
Email :			
Name of deceased/ inca	apacitated employee:		
Date of Joining:	PS.	.No:	
Cadre & Grade:	IC: De	pt. Code:	Location:
Date of Expiry/ Incapacita	ation:		
I request you to reimbu Year:		ucational exp	penses for the Financial
Name of College / Insti	tution:		
Name of the Course:			
Duration:	Rs per An	num/ course	tenure:
Expenses incurred	Amount Claimed (Rs)	_	mount- Rs1 Lakh or 75% of incurred whichever is lower
Tuition Fees (attach receipts/ vouchers)			
Copy of cheque leaf for	remitting the amount	by way of N	EFT.
Cheque in favor of (Na	me 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 k	by SUB Head/ IC HR	
The particulars furnished above are true to the	e best of my knowledge.	
Name:	PS No:	
Designation:	SBU/IC:	
Email id :	Contact :	
Signature:Location		
	Welfare Department	
Total eligible amount claimed: Rs		
Amt. sanctioned :Rs (Rs in words :_)
Name:	SignatureDa	te
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	e of Joining:		PS No. :							
Cadre& GradeSBU/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.										
Nam	e:		PS No :							
Desi	gnation:	· · · · · · · · · · · · · · · · · · ·	SBU/IC :							
Ema	il id	· · · · · · · · · · · · · · · · · · ·	Contact							
Signature:		Locati	Location		Date:					

Verification by Welfare Department									
The above facts have loompany.	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

(Enrollmen	t No	·)				
(Sanction No :		Date	of pr	of previous claim)		
Name of deceased / inc	apacitated emp	oloyee				
Date of Joining:		PS No. :				
Cadre& Grade	SBU/IC	Dept. Code: Location:				
Date of Expiry/Incapacitat	tion:					
Name of Spouse / Guard	dian:	Relation:				
Address :						
Tel No/ Mobile No. :		ail id:				
academic Year:	First Child		Second Child			
Name	First Child		Seco	ond Child		
(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	Johnson	Political		Pos. Co., Co.		
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: ______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

Sanction No

- 4. Tuition Fee receipts in original
- 5. Cash Memo in original for uniforms purchased

Date

- 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.