

ELIGIBILITY:

A worker who has put in a minimum of 6 months continuous service with 50% attendance and in the case of beedi workers on production of identity card issued by the Owner of an establishment factory or contractor engaged in the manufacture of beedi, to this effect and drawing wages not exceeding Rs.1600/- p.m. shall be entitled to the facilities under the scheme. Identity cards issued by the Welfare Fund Organisation will also be acceptable. Wife and un-married dependant children upto the age of 21 years and parents fully dependant on the entitled workers shall also be afforded the facilities.

An application (in duplicate) in the prescribed form for grant of subsistence allowance will be made through the Manager/Owner of Mine/Beedi Establishment to the Welfare and Cess Commissioner, Labour Welfare Fund as per Appendix-I.

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Application for grant of subsistence allowance to dependants of such mine/beedi workers who happen to be the only earning member of the family having no other source of income and who are suffering from Leprosy and undergoing treatment as in patient or outpatient in recognised hospitals/clinics/dispensaries and dispensaries/hospitals run by the Labour Welfare Funds and are receiving regular treatment from a medical authority approved by the Welfare Commissioner, Labour Welfare Organisation.

1. Name and address of the mine/ beedi worker applicant.
2. His/Her designation or the nature of his/her employment.
3. Name and address of the mine/ beedi establishment where he/ she was working before being attacked with leprosy.
4. His/Her monthly salary/wages (excluding bonus) prior to being attacked with leprosy.
5. The date of his /her employment.
6. If he/she (patient) is getting any financial assistance from the mine management/beedi establishment or from any source. If so state amount with period.
7. Number of dependants of the mine/ beedi worker (Dependants include wife/husband /unmarried children upto the age of 21 years and parents fully dependant on the worker).
8. Name, age, marital status and relationship of each dependant.
9. Name and address of the leprosy Hospital Clinic/Dispensary or dispensary/hospital by Labour Welfare Organisation where the worker is treated.

10. Name of owner of the Leprosy Hospital/ Clinic /Dispensary in question.
11. Is he/she being treated as indoor or outdoor patient.
12. In case as out-door patient whether under treatment of a Medical authority approved by the Welfare Commissioner, Labour Welfare Fund Organisation.
13. A certificate that the patient is the only earning member of the family and has no other source of income from Manager/Mine/Beedi Establishment or from District Magistrate or any gazetted officer or by the Headman of a village panchayat in case dependants reside in a village.
14. Certificate of the Manager, Mine/Beedi Establishment/District Magistrate/Headman of Village Panchayat.

Certified that the statement made by the applicant against items 1 to 8 have been verified and found to be correct.

Manager/Agent/Owner of the Mine/Beedi Establishment.

2nd Certificate of the medical authority.

Certified that the statement of the applicant against 9 to 11 are correct. He/she is/has been receiving regular treatment as outdoor patient in this Leprosy Hospital/ Clinic/Dispensary or dispensary/hospital run by Labour Welfare Organisation with effect from and the treatment is likely to continue upto

Certified that his/her application for grant of Diet Allowance was not recommended before and he has not received diet allowance from the Labour Welfare Fund.

He/she is under treatment of Dr. _____ approved by the Welfare and Cess Commissioner, Labour Welfare Fund.

Signature _____
 Designation _____
 Official Stamp _____

Dated

If it is subsequently found that any statement made by the applicant is wrong no claim will be entertained.

Signature or thumb impression of the applicant.

1st certificate of the Manager of Mine/Beedi Establishment/ District Magistrate/Headman of village Panchayat.

Certified that the statements made by the applicant against items 1 to 8 have been verified and found to be correct. The statement against item 13 also verified by inquiry and found to be correct.

Manager/Agent/Contractor

N:B. Where the Mine/Beedi Establishment is unable to certify replies made by the applicant against items 6,7,8 and 13 certificate of the District Magistrate/Headman of Village Panchayat is necessary.

2nd Certificate of the medical authority.

Certified that the statement of the applicant against items 9 to 12 are correct. He/She is/has been receiving regular treatment as outdoor/indoor patient in this Leprosy Hospital/Clinic/Dispensary or dispensary/hospital run by Labour Welfare Organisation with effect from _____ and the treatment is likely to continue upto _____ .

He/she is under treatment of Dr. _____ who has been approved by the Welfare Commissioner, Labour Welfare Fund Organisation.

Certified that his/her application for grant of subsistence allowance was not recommended before and he/she has not received any subsistence allowance from the Labour Welfare Fund for his dependants.

Signature _____

Designation _____

Dated _____

Official Stamp _____