

Administration of
Dadra and Nagar Haveli and Daman and Diu, U.T.,
Building & Other Construction Worker's Welfare Board
Labour Department
Silvassa

No. LEO/ BOCW/SWB/757/2020

Date: 15/06/2020

Read: (1) Notification No. ADM/LEO/SWB/169/2012 dated 03/02/2012.
(2) Notification No. LEO/ BOCW/SWB/661/2019 dated 14/06/2019.

NOTIFICATION

Whereas, in Supersession of the Notification mentioned at preamble (1) and (2) above, it is consider necessary to streamline the procedure to provide safety, health and welfare measures to the building and other construction workers and in exercise of the powers conferred by Section 22 of the Building and Other Construction Workers (Regulation of Employment and Conditions of Service) Act, 1996 (No 27 of 1996), the "Dadra and Nagar Haveli Building and Other Construction Workers Welfare Board" hereby prescribes the Welfare Schemes under the said Act as under:

WELFARE SHCEMES UNDER THE BUILDING AND OTHER CONSTRUCTION WORKERS (RE & CS) ACT, 1996

1) Health and Maternity Cover:

- Enrollment of beneficiaries under the Pradhan Mantri Jan Arogya Yojna i.e "Ayushman Bharat".
- Rs.30,000/- per delivery for upto two deliveries to the registered male member.
- Rs.40,000/- per delivery for upto two deliveries to the registered female member.

Any registered worker can make an application in the prescribed Form - II shall be submitted to the Member Secretary (BOCWWB) for this benefit: provided that this benefit shall not be allowed for more than two children. The Board may sanction the amount if found eligible.

2) Grant for the purchase of Tools/Protective Gear :

An application in the prescribed Form- III to the Member Secretary (BOCWWB). The Board may sanction the grant for purchase of tools for an amount not exceeding Rs.10,000/- (Rupees Ten Thousand only) once in three year to those who have completed six months of the membership.

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3) Grant of Token Amount for Construction of House :

Any registered worker having not less than one year membership with the fund can make an application in prescribed Form-IV along with supporting documents to the Member Secretary (BOCWWB). The Board if satisfied shall sanction an amount of contribution paid by the said beneficiary as his/her share towards construction of residential house i.e.

- A Token Amount not exceeding Rs. 75000/- will be given for construction of house by the Beneficiary in his / her own land.
- For those who are covered under:
 - (1) Pradhan Mantri Awas Yojna (Gramin) an amount of Rs 28,000/- (Rupees Twenty Eight Thousand Only) paid as contribution shall be reimbursed on production of documents.
 - (2) Pradhan Mantri Awas Yojna (Urban) an amount of Rs 1,30,000/- (Rupees One Lakhs Thirty Thousand Only) for AHP, Rs 50,000/- (Rupees Fifty Thousand Only) for BLC paid as contribution shall be reimbursed on production of documents

4) Ex-gratia for Permanent Disability/Chronic Diseases/Surgery/Operation:

An application in the prescribed Form-V along with supporting documents to the Member Secretary (BOCWWB) shall be made by the member of the fund. The Board may sanction an amount due to any reason below given:

- Payment of Rs. 1,00,000/- in case of 100% permanent disability for any reason.
- In case of Chronic Diseases the beneficiary may get self treatment or treatment for his / her dependents as indoor patients from any hospital and get medical expenditure incurred, reimbursed against expenses but not exceeding Rs. One Lakh in a year.
- An Amount of Rs. 40,000/- will be given in case of Surgery /Operation. (Other than operations related to maternity).

5) Medical Assistance and Wage Loss: -

An application in the prescribed Form-VI along with supporting documents to the Member Secretary (BOCWWB) shall be made by the member of the fund. If satisfied the Board may sanction the benefit.

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- The Board shall reimburse the actual medical expenditure incurred by the Beneficiary for treatment of injuries caused during the course of employment on production of original bills.
- Further, the Board shall pay the beneficiary half monthly wages for the period of disablement in accordance to sub-section 1 (d) of Section 4 of the Employee's Compensation Act, 1923 on production of Medical Certificate.

6) Financial Assistance for education:

The Board may sanction the financial assistance of up to two children of the members of the fund below:

Sr. No	Standard / Course	Amount of Assistance
1	Class 1 to 8	(Rs.500/-PM (Rs.6000/ PA))
2	Class 9 to 10	(Rs 700/-PM (Rs.8400/ PA))
3	Class 11 to 12	(Rs 1000/-PM (Rs.12,000/ PA))
4	Graduation level, ITI Course, Polytechnic Diploma (3 years) and Technical courses like MBA, Engineering, Medicine, etc	(Rs.1,000/-PM and reimbursement of tuition and hostel fees.
5	Competitive Exams	Supplementary education @ 75% of fees/cost incurred subject to a maximum of Rs. 50,000/- yearly per student. The students of class IX to XII & to those who have passed class XII not less than 2 years prior to the claim period but are preparing for Competitive exams shall be eligible.

An application in Form-VII shall be submitted to the Member Secretary (BOCWVB) along with necessary documents for availing the assistance under the scheme. The Board if satisfied may sanction the benefit.

7) Financial assistance for Marriage :

The Board may sanction financial assistance for marriage of self and for children (upto 2 children) of the building workers as under:

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1.	Marriage of Female registered member	Rs 51,000/-
2.	Marriage of Male Registered member	Rs 35,000/-
3.	Marriage of Daughter of Registered member	Rs 51,000/-
4.	Marriage of Son of Registered member	Rs 35,000/-

A registered worker having not less than six months membership with the fund can make an application in the prescribed Form-VIII to the Member Secretary (BOCWWB) for assistance under this scheme.

8) Pension:

Any registered worker can make an application in the prescribed Form-IX to the Member Secretary (BOCWWB) for this benefit. The Board may sanction the amount if found eligible.

- The BOC Worker who is a member to the fund for not less than ten years. The pension of Rs 3,000/- per month after completion of 60 years.
- Registration of worker in the age group of 18 to 40 under the PMSYM (Pradhan Mantri Shramyogi Mandhan Pension scheme). The premium shall be borne by the BOCW Welfare Board, Silvassa.

It is also clarified that those BOC workers availing benefits under the ESIC, Act 1948, and the EPF&MP, Act 1952, will not be entitled to receive any similar benefits admissible under the welfare schemes formulated under the BOCW (RE&CS) Act, 1996.

9) Payment of funeral assistance:

An application in prescribed Form-X shall be submitted to the Member Secretary (BOCWWB) in case of death of a registered member or spouse. The Board may sanction an amount of Rs.20,000/- (Rs. Twenty Thousand only) to the nominees/dependents towards funeral expenses.

10) Ex-gratia for Death:

- (i) The Board may sanction an amount of Rs.4 Lakhs (Rupees Four Lakhs only) to the nominees/dependents of the member of the fund in case of death in the course of employment.
- (ii) If the death of the member is due to any other reason an amount of Rs.2, 00,000/- (Rs Two Lakh Only) may be sanctioned to the nominees/dependents.

An application in Form-XI shall be submitted to the Member Secretary (BOCWWB) along with death certificate issued by a Government Doctor/ Registered

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Medical Practitioner not below the rank of Medical Officer and Dependent/Heirship Certificate issued by Competent Authority shall be produced along with the application.

Member Secretary (BOCW) shall conduct an enquiry with regards to the eligibility of the applicant. The compensation should be disbursed in a definite time frame not exceeding 60 days from the date of death of the beneficiary.

11) **Insurance Scheme:** Enrollment of beneficiaries under the following scheme:

- (1) Pradhan Mantri Suraksha BimaYojna.
- (2) Pradhan Mantri Jeevan Jyoti BimaYojna.

12) **Skill Development :**

Convergence of skill development activities to the workers who has registered with the BOCW Board under "**Pradhan Mantri Kaushal Vikas Yojana**". The workers who attend the training programme will be given financial assistance in the form of stipend i.e. Minimum Wages for skilled category + Rs.5,000/- as incentive amount and Bus travelling allowance (Bus-Pass).

13) **Self Education:**

Reimbursement of the course fees for distance education from NOS / University / Professional Institute (Except Permanent Government Servant) + Rs.5,000/- as a incentive for each degree.

14) **Retirement relief in quitting service:**

The Board shall decide a certain amount should be paid to the Construction Workers / Beneficiary, who is the member of the Board for a continuous period of 15 years, on quitting service after attaining age of 60 years.

15) **Bus Pass:**

The Board will reimburse 50 % of the travelling cost of registered construction workers who travel by bus from various villages in search of work in U.T. of Dadra and Nagar Haveli.

16) **Promoting Registration:**

In order to encourage construction workers to register with the Board, the Board shall provide sleeping mat/blanket/mosquito net to registered construction workers.

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17) Distribution of Female Menstrual Hygiene Kit:

In order to increase the hygiene level during the Menstrual period of registered female workers, The Board shall provide Female Menstrual Hygiene Kit to registered female beneficiaries.

18) Shram Yogi Prasad Scheme:

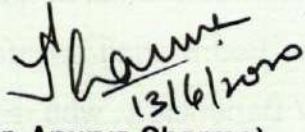
The Board shall provide mid day meal and breakfast to the BOCW registered construction workers under the scheme at a concessional rate of rs.5/-per worker everyday. The time for supply of mid day meal and breakfast are as under:

- **Supply of Breakfast between 07:00 A.M to 08:00 A.M.**
(Place near HDFC Bank, Silvassa and Kilvani Naka, etc).
- **Supply of mid day meal between 12:00 P.M to 02:00 P.M.**

Note: - Registered Construction Workers interested in the scheme are requested to provide the details of site well in advance to the Department through their Labour Contractors/ Principal Employer/ Site in-Charge, etc for timely supply of food.

An application in Form-XII shall be submitted to the Member Secretary (BOCW) along with necessary details for availing the assistance under the scheme. The board if satisfied may sanction the benefit.

These issues with the approval of the Competent Authority vide minutes of the meeting FTS-No 66575 dated: 09/03/2020.


(Dr. Apurva Sharma)
Deputy Secretary (Labour)
Dadra and Nagar Haveli, Silvassa

Copy to

- (1) The Deputy Director (O.L), Dadra and Nagar Haveli, Silvassa for Hindi Translation.
- (2) The Govt. Printing Press D&NH, Silvassa for publication in the Official Gazette Extra Ordinary, Part - V,
- (3) The Deputy Director (I.T.), to publish the same in website.

FORM II

APPLICATION FOR MATERNITY BENEFIT

1.	Name and address of applicant / Beneficiary	:	
2.	Registration No.	:	
3.	Date of Birth and Age	:	
4.	Name of Husband	:	
5.	Date of confinement	:	
6.	Have you applied for this benefit	:	
7.	If so how many times and give details	:	
8.	Date of registration	:	
9.	Date of payment of 1 st subscription and amount	:	
10.	Date of payment of last subscription and amount	:	
11.	Name of Bank and Place	:	
12.	List of Documents submitted (a) Copy of challans or copy of pass book (b) Medical Certificate in original	:	
13.	Mobile / Contact Number	:	
14.	Aadhar Number	:	
15.	(a) Bank Account Number (b) Name of Bank and Branch (c) IFSC Code of bank/branch	:	
The facts furnished above are true to the best of my knowledge and information			

Place :
Date :

Name and Signature of Applicant

- Medical certificate to be obtained from Medical Officer not below the rank of Assistant Surgeon.

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FORM III

APPLICATION FOR GRANT PURCHASE OF TOOLS/PROTECTIVE GEAR

1)	Name and address of the Applicant / Beneficiary	
2)	Registration No.	
3)	Date of Birth and Age	
4)	Monthly Income	
5)	Particulars of Tools/ Instruments to be purchased	
	Description	
	Make	
	Model	
	Cost of Tools/ Invoice (copy)	
	Name and address of supplier/ dealer	
6)	Number of years of Membership with the Board	
7)	Date of first subscription	
8)	Date of Last subscription	
9)	Amount of grant applied for	
10)	Mobile Number	
11)	Bank Account Number	
	Name of Bank/ Branch	
	IFSC Code of Bank/Branch	
12)	Aadhar Number	

Declaration

- I confirm that the funds/ grant will be used for the stated purpose only and will not be used for speculation and / or anti-social purpose.
- I understand that the Board has the right to recall the funds /grants if they are not used for the stated purpose.
- I understand that the sanction of the facility is at the discretion of the Board and I will execute necessary Security documents as per the Boards requirements to its satisfaction.
- I shall furnish a utilization certificate along with cash memo within a month of receipt of the amount of grant.

Place

Date

Signature

[Handwritten Signature]
13/10/2020

FORM IV

**APPLICATION FOR GRANT OF TOKEN AMOUNT FOR
CONSTRUCTION OF RESIDENTIAL HOUSE.**

1)	Name of Applicant/Beneficiary	
2)	Registration No.	
3)	Permanent Address	
4)	Present Address	
5)	Date of Birth and Age	
6)	Date of Registration	
7)	Amount of Loan	
8)	Whether the applicant has a house of his own (give details)	
9)	Details of Property	
	Town	
	Village	
	Taluka	
	District	
	Area	
	Survey No.	
10)	Whether the applicant has received any other loan (give details)	
11)	Estimate for construction/ Maintenance of building as per plan	
12)	Whether the applicant has received any loan in past from this board	
13)	Contact details / Mobile Number	
14)	Bank Account Details	
	Name of Bank and branch	
	IFSC Code of bank/branch	

DECLARATION

I hereby declare that the above statements are true and correct to the best of my knowledge and belief.

Place:

Date:

Signature of Applicant

- Plan and Estimate (Approved)
- Receipt of Contribution made under PMAY(G) / PMAY(U)
- Copy of Bank Pass Book/ Aadhar/ Identity Card.

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FORM V

**APPLICATION FOR Ex-GRATIA FOR DISABILITY/CHRONIC
DISEASES/SURGERY/OPERATIONN**

1)	Name and Address of Applicant/ Beneficiary	
2)	Date of Birth and Age	
3)	Registration No.	
4)	Date of payment of first subscription amount	
5)	Date of Last subscription amount	
6)	Nature of disability due to accident with percentage of loss of earning capacity	
7)	Period of treatment as patient in Government Hospitals/ Private Hospitals	
8)	Whether treatment has been taken in Government Hospital or not	
9)	Medical Expenses (copy of bills)	
10)	Copies of Medical Certificate	
11)	Details of benefits availed from this board earlier	
12)	Details of benefits received, if any from Government or any other institution. For the said treatment	
13)	Mobile/ Contact Number	
14)	Aadhar Number	
15)	Bank Account Number	
	Name of Bank and Branch	
	IFSC Code of Bank / Branch	
The facts furnished above are true to the best of my knowledge and information.		
	Date:	Signature of Applicant
	Place:	

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FORM VI

APPLICATION FOR MEDICAL ASSISTANCE AND WAGE LOSS

1)	Name and address of the applicant/ beneficiary	
2)	Date of Birth and Age	
3)	Registration Number	
4)	Details regarding disease/ surgery	
5)	Disability if any, due to disease or surgery	
6)	Period of treatment as patient in Hospital	
7)	Details of medical benefits received from the board before.	
8)	Whether treatment as indoor patient.	
9)	Whether treatment has been taken in Govt. Hospital or not ?	
10)	Mobile Number/ Contact Details	
11)	Aadhra Number	
12)	Bank Account Number/ Name of Bank/Branch and IFSC Code.	
	The facts mentioned above are true to the best of my knowledge and information.	
	Place;	Signature of Applicant
	Date	

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FORM VII

APPLICATION FOR FINANCIAL ASSISTANCE FOR EDUCATION

1)	Name of Applicant / Beneficiary	
2)	Address	
3)	Registration No.	
4)	Mobile / Contact Details	
5)	Aadhar Number	
6)	Bank Account Number, Name of Bank /Branch, IFSC Code of Bank/ Branch.	

(7) Details of Children

Sr.No	Sequence	Name	DOB	Age
1	1 st Child			
2	2 nd Child			

(8) Details of School where Children are enrolled:

Sr.No	Sequence	Name Of School/ College	Address	Std
1	1 st Child			
2	2 nd Child			

Certified that amount shown in the Receipt has actually been paid by me. Further it is Certified that I or my Husband/Wife has not claimed this reimbursement from any other source and will not claim the same in future: The above mentioned facts are true to the best of my Knowledge and information.

Date

Place

Signature

➤ Original Fee Receipt.

[Handwritten Signature]
13/6/2020

FORM VIII

APPLICATION FOR MARRIAGE ASSISTANCE

1)	Name of Applicant / Beneficiary	
2)	Address	
3)	Registration No.	
4)	Date of Birth and Age.	
5)	Duration of Membership	
6)	Marriage of Self/Daughter / Son	
7)	Place of Marriage	
8)	Date of Marriage	
9)	Marriage Certificate (in case marriage has already taken place)	
10)	Mobile / Contact Details	
11)	Aadhar Number	
12)	Bank Account Number, Name of Bank /Branch, IFSC Code of Bank/ Branch.	
	The above mentioned facts are true to the best of my Knowledge and information.	
	Date	Signature of Applicant
	Place	

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13/10/2020*

FORM IX

**APPLICATION FOR REIMBURSEMENT OF SUBSCRIPTION UNDER PENSION
SCHEME**

1.	Name and address of applicant / Beneficiary	:	
2.	Registration No.	:	
3.	Date of completion of 60 years	:	
4.	Date of payment of 1 st subscription amount and Name of Bank	:	
5.	List of Documents	:	
	(a) Identity Card	:	
	(b) Pass Book	:	
6.	Mobile / Contact Number	:	
7.	Aadhar Number	:	
8.	Bank Account	:	
	Name of Bank and Branch	:	
	IFSC Code of Bank/ Branch	:	
The facts furnished above are true to the best of knowledge and information			
	Place		Signature of Applicant
	Date		

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FORM X

APPLICATION FOR FUNERAL ASSISTANCE

1)	Name & Address of Applicant	
2)	Relationship of Applicant with the Worker/ Beneficiary	
3)	Name and Registration Number of Beneficiary	
4)	Date of Registration	
5)	Duration of Membership	
6)	Date of Death of the Worker	
7)	Cause of Death / Date (attach Death Certificate)	
8)	Whether the Applicant/ Applicant's are Nominee of the worker (Attach Dependents Certificate)	
9)	Whether Nominees are minor	
	Age:	
	Relation :	
	Name of Guardian:	
10)	Amount of Benefit, applied for	
11)	Mobile/ Contact details	
12)	Aadhar Number:	
13)	Bank Name, Address and IFSC Code.	
	The facts mentioned above are true to the best of my / our knowledge and information	
	Place	Signature of Applicant
	Date	

*Sham,
13/6/2023*

FORM XI

APPLICATION FOR Ex-GRATIA FOR DEATH

1)	Name & Address of Applicant	
2)	Relationship of Applicant with the Worker/ Beneficiary	
3)	Name and Registration Number of Beneficiary	
4)	Date of Registration	
5)	Duration of Membership	
6)	Date of Death of the Worker	
7)	Cause of Death / Date (attach Death Certificate)	
8)	Whether the Applicant/ Applicant's are Nominee of the worker (Attach Dependents Certificate)	
9)	Whether Nominees are minor	
	Age:	
	Relation :	
	Name of Guardian:	
10)	Amount of Benefit, applied for	
11)	Mobile/ Contact details	
12)	Aadhar Number:	
13)	Bank Name, Address and IFSC Code.	
	The facts mentioned above are true to the best of my / our knowledge and information	
	Place	Signature of Applicant
	Date	

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FORM XII

APPLICATION FOR REGISTRATION UNDER "SHRAM YOGI PRASAD" SCHEME.

To,

The Member Secretary,
DNH Building and Other Construction Workers Welfare Board,
Labour Department, Silvassa
U.T. of Dadra and Nagar Haveli.

1.	Name of the Building and Other Construction Worker	
2.	BOCW Registration No.	
3.	Mobile Number	
4.	Current Place of Work	
5.	Name & Mobile Number of Contractor, if any	
6.	Name & Mobile Number of Principal Employer, if any	

I hereby declare that the above mentioned details are true to the best of my knowledge and further agree to pay the amount as specified in the scheme. In case of change of place of work I will inform the Authority well in advance.

Signature of Worker

Date:

Place:

❖ **Note:** The worker availing the benefits of the scheme shall arrange for his/her own utensils.

[Handwritten Signature]
13/10/2020