# Administration of Dadra and Nagar Haveli, U.T. Labour Department Silvassa

No. LEO/LABOUR DAY/2017/396

Date: 4/04/2017.

The U.T. Administration of Dadra and Nagar Haveli is celebrating International Labour Day on 01/05/2017. As a part of the same, the Administration desirers that employers should provide some social security welfare measures, etc for their workers on 1st May 2017.

In order to promote long term social security, employers can take the advantage of Pradhan Mantri Suraksha Bima Yojna which is available at very nominal premium of Rs 12/- per annum. All leading banks have executed MOU with United India Insurance Co. Ltd., to implement the scheme under which compensation will be paid in case of accidental death, total permanent disability and partial disability. The scheme is applicable to person in the age group of 18 to 70 years.

#### Insurance benefits under the PMSBY are as under:

Type of Accident	Sum Insured	
Death	Rs 2 Lakh	
Total and irrecoverable loss of both eyes or loss of both hands and feet or loss of one eye and loss of use of hand or foot	Rs 2 Lakh	
Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot	Rs 1 Lakh	

It would be an advantageous proposition for industrial establishment and their concern in the U.T. of Dadra and Nagar Haveli to enrol with this insurance scheme as an additional welfare measure to protect their employees in term of social security. Loss of life and earning capacity due to accident not connected with the employment also affect not only individual or his family but also affect the employers but the society at large.

All industrial establishments/ employers and their concerned are hereby directed to coordinate with their respective banks to ensure that all employees shall be registered under the Pradhan Mantri Suraksha Bima Youjana (PMSBY).

It is requested to submit a report in following format to the Labour Department, Silvassa in hard and soft (CD) copy on or before · 28/04/2017 to monitor the action taken by industrial establishments

Sr.	Name of Worker	Regular	Contractual	Name of Employer	Registered under Pradhan Mantri Suraksha Bhima Yojana
			<u> </u>		

Prompt action taken by the employers would be appreciated.

La cour commissioner Email: labour-dnh@nic.in Phone: 0260-2642374

Copy to :-

(1) The P.A. to Secretary (Labour), DD & DNH.

(2) The P.A. to Collector/Labour Commissioner, D&NH.

(3) The P.A. to RDC (K)/Dy. Labour Commissioner, D&NH.

(4) The Labour Enforcement Officer, D&NH.

(5) The President Silvassa Industries Association, D&NH.

(6) The President Dadra and Nagar Haveli Industries Association, D & NH.

(7) The President Silvassa Industries & Manufacturers Association,

## (Logo of PMSBY)

## PRADHAN MANTRI SURAKSHA BIMA YOJANA

## Consent-cum-Declaration Form

(To be filled in by members joining the scheme during the permitted "Enrolment Period")

Agency / BC Code			
Savings Bank Account No.			
1. Name in Full	5. Mobile /Contact Number		
2. Address	The state of the s		
Z. Addiess	6. Aadhar No, if available		
	o. Additat No, ii available		
Date of Birth ( As per KYC document) (dd/mm/yyyy)	7. Whether suffering from any disability		
	If yes, details thereof		
4. Email ID	8. Name & Address of the Nominee, if any, and Relationship with him /		
9. Name & Address of Guardian, if nominee is minor	her		
hereby give my consent to become a member of ' Pradhan Mantri Suraksha Policyholder.			
hereby authorize you to debit today my Saving Bank Account with your Branch operor 31st May every subsequent year until further instructions to the contrary (stamount that may be decided with immediate intimation to me.  hereby nominate my nominee as indicated above for the benefits under the sche eaching the age of 18 years, I hereby appoint the legal guardian of the nominee as it declare that I am not insured under Pradhan Mantri Suraksha Bima Yojana under at thall stand forefieted and no claims would be paid.  agree to pay full annual premium even if I join the Scheme after the commencemen agree that my membership in the Scheme will remain in force as long as all pretenewal Date.	eme, in the event of my death. In the event of my death before the nominee indicated above for the purpose of receiving the benfits under the scheme.  In other Savings Bank Account. In case the same is found to exist, premium of the Master Policy.		
agree to abide by the terms and conditions of the above Scheme Lagree to your or	onveying my personal details, as required, reparding my admission into the		
radhan Mantri Suraksha Bima Yojana to	(Name of the Insurance Company, to be preprinted).		
hereby declare that the above statements are true in all respects and that I agree a ne above Scheme and that if any information be found untrue, my membership to th ate:	and declare that the above information shall form the basis of admission to le Scheme shall be treated as cancelled.		
Signature verified Bank Branch Official)	Signature of the Account Holder		
We hereby acknowledge receipt of "Consent-cum-Declaration Form" from SI Account No, Aadhar No. (if available) from the specified Savings Bank Account to join the specified Savings Bank Account	hri / Smtholding Saving Bank, consenting and authorizing auto-debit		

Seal & Signature of Authorised Bank Official



## Dear Members,

UT Administration is delebrating international Labor Day at large scale. You are aware that every year 1st May is observed as international Labor Day. Hon'ble Administrator has desired that he wants to see all workers of UT insured against the risks of death and permanent disabilities

Labor Commissioner has suggested employers to take advantage of Pradhan Mantri Suraksha Bima Yojna, which is available at very nominal rate of Rs. 12 per year. It provides Rs. 2 Lacs as sum assured in case of death, Rs. 2 Lacs for total and irrecoverable loss of both eyes or both hands/ feet or loss of one eye and loss of one hand or one foot. The policy provides insurance of Rs 1 Lacs for total or irrecoverable loss of eye-sight of one eye, loss of one hand or one foot. Federation appeals to members to consider the suggestion of Labor Commissioner as an additional welfare measure and insist to cover all the employees

Copy of the appeal and specimen blank form to purchase the said policy from banks in Silvassa.

Regards

Atul R Shah

Secretary