



## **ABSTRACT**

Labour –Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 –Tamil Nadu Manual Workers (Construction Workers) Welfare Scheme 1994 and Tamil Nadu Manual Workers Social Security and Welfare Scheme, 2006 and 12 other Welfare Schemes - Amendment to Schemes-Notified.

### **LABOUR AND EMPLOYMENT (I1) DEPARTMENT**

G.O.(Ms.) No 122

Dated: 24.10.2008

Read the following:-

1. G.O. Ms. No.198, Labour and Employment, dated 4.10.1994.
2. G.O.Ms.No.73, Labour and Employment , dated 1.9.2006.
3. G.O.Ms.No.74, Labour and Employment , dated 1.9.2006.
4. G.O.Ms.No.75, Labour and Employment , dated 1.9.2006.
5. G.O.Ms.No.77, Labour and Employment , dated 1.9.2006.
6. G.O.Ms.No.78, Labour and Employment, dated 1.9.2006.
7. G.O.Ms.No.79, Labour and Employment, dated 1.9.2006.
8. G.O.Ms.No.80, Labour and Employment, dated 1.9.2006.
9. G.O.Ms.No.81, Labour and Employment, dated 1.9.2006.
10. G.O.Ms.No.82, Labour and Employment, dated 1.9.2006.
11. G.O.Ms.No.83, Labour and Employment, dated 1.9.2006.
12. G.O.Ms.No.84, Labour and Employment, dated 1.9.2006.
13. G.O.Ms.No.85, Labour and Employment, dated 1.9.2006.
14. G.O.Ms.No.86, Labour and Employment, dated 1.9.2006.
15. G.O.Ms.No.87, Labour and Employment, dated 1.9.2006.
16. G.O.Ms.No.88, Labour and Employment, dated 1.9.2006.
17. From the Secretary, Tamil Nadu Manual Workers Welfare Board, Letter No. TNMWB/76090/06 dated 26.12.2006
18. From the Commissioner of Labour, Letter No. Z3/28788/2005, dated 5.2.2007.
19. G.O. Ms. No. 23, Labour and Employment, dated 4.3.2008.
20. From the Commissioner of Labour, Letter No. Z3/12875/2008, dated 27.5.2006 and 29.5.2008.
21. From the Commissioner of Labour, Letter No. C2/33936/2008, dated 26.6.2008
22. From the Commissioner of Labour, Letter No. W1/112875/2008, dated 7.8.2008.

Read also:-

### **ORDER:**

In exercise of the powers conferred by section 4 of the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 after consultation with the Advisory Committee, the Government hereby issue necessary amendments to the 14 Welfare Schemes as appended to this draft order.

**P.T.O**

2. The appended notifications will be published in the Extraordinary issue of the **Tamil Nadu Government Gazette.**

3. The Works Manager, Government Central Press, Chennai-79 is requested to send 25 copies of the Gazette in which the notifications is published for reference and record to the Government and 35 copies to the Commissioner of Labour, Chennai – 6.

4. The Secretary to Government, Tamil Development Religious Endowments and Information (Translation) Department, Secretariat, Chennai-9 is requested to send the Tamil translation of the Notifications to the Works Manager, Government Central Press, Chennai-9.

**(By Order of the Governor)**

**T. PRABHAKARA RAO**  
**Principal Secretary to Government**

To

The Works Manager, Government Central Press, Chennai-79.  
(for publication of the notification in the Tamil Nadu Government Gazette)  
The Secretary to Government,  
Tamil Development, Religious Endowments and Information (Translations) Department,  
Chennai-600 009.  
The Commissioner of Labour, Chennai-600 006.  
The Law Department, Chennai-600 009.

Copy to:

The Secretary, Tamil Nadu Manual Workers Welfare Board,  
Chennai.600 102.  
The Secretary, Tamil Nadu Domestic Workers Welfare Board,  
Chennai-600102.  
The Secretary, Tamil Nadu Construction Workers Welfare Board,  
No. 8 Valluvar Kottam High Road, Chennai 600 034.  
Finance Department, Chennai 600 009.  
The Secretary to Chief Minister, Chennai-600 009  
The Senior Personal Assistant to Minister for Labour,  
Chennai-600 009.  
The Private Secretary to the Principal Secretary to Government,  
Labour and Employment Department, Chennai-600009.

**//FORWARDED BY ORDER//**

**SECTION OFFICER**

**PUBLISHED IN TAMIL NADU GOVERNMENT GAZETTE EXTRAORDINARY NO.328,  
PART-II SECTION 2 DATED 31.10.2008 AND THE AMENDMENTS HEREBY MADE  
SHALL COM E INTO FORCE ON THE 31<sup>ST</sup> OCTOBER 2008.**

**PUBLISHED IN TAMIL NADU GOVERNMENT GAZETTE EXTRAORDINARY NO.328,  
PART-II SECTION 2 DATED 31.10.2008 AND THE AMENDMENTS HEREBY MADE  
SHALL COM E INTO FORCE ON THE 31<sup>ST</sup> OCTOBER 2008**

**APPENDIX.**

**NOTIFICATION-I.**

In exercise of the powers conferred by section 4 of the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work ) Act, 1982 ( Tamil Nadu Act 33 of 1982) , the Governor of Tamil Nadu, after consultation with the Advisory Committee, hereby makes the following amendments to the Tamil Nadu Manual Workers (Construction Workers) Welfare Scheme, 1994.

2. The amendments hereby made shall come into force on the 31<sup>st</sup> day of October, 2008.

**AMENDMENTS.**

In the said Scheme,-

(1) in clause 2,-

(i) after item (a), the following item shall be inserted, namely:-

“(aa) “*family*” ,means-

(i) in the case of male member, his wife, children whether married or unmarried, dependent parents and the widow and children of the deceased son of the member;

(ii) in case of a female member, her husband, children, dependent parents and widow and children of a deceased son of the member:”;

(ii) in item (c), for the expression “fifteen years”, the expression “eighteen years” shall be substituted;

(2) in clause 3, for item (2) the following item shall be substituted, namely:-

“(2) Personal Accident Relief;”;

(3) in clause 5,-

(i) in sub-clause (1), after the expression “Board”, the expression “through the Labour Officer ( Social Security Scheme ) of the respective District” shall be inserted;

(ii) in sub-clause (2),-

(a) after the expression “such registration shall be made”. the following

expression shall be inserted, namely :-

“in duplicate to the Labour Officer ( Social Security Scheme ) of the respective district,”;

(b) after item (d), the following item shall be added, namely:-

“(e) Village Administrative Officer concerned and for Chennai district the Revenue Inspector concerned.”;

(iii) for sub-clause (4), the following sub-clause shall be substituted, namely:-

“(4) (a) The registration of the name of the manual worker with the Board shall be made by the Labour Officer ( Social Security Scheme ) of the respective District after due verification by the respective Village Administrative Officer and for Chennai district by the Revenue Inspector concerned.

(b) The registration under this clause is valid for a period of two years or when the registered manual worker attains the age of sixty years whichever is earlier.”;

(4) in clause 5-A,-

(i) in sub-clause (1), after the expression “ Board ”, the expression “through the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

(ii) in sub-clause (5), for the expression “ Board”, the expression “Board, through the Labour Officer ( Social Security Scheme ) of the respective district,” shall be inserted;

(iii) in sub clause (7), after the expression “Board” the expression “through the Labour Officer (Social Security Scheme) of the respective district” shall be inserted;

(iv) after sub-clause (7), the following sub-clause shall be added, namely:-

“(8) Where the nomination made is incomplete or becomes void, the assistance shall be released to the legal heirs of the deceased registered manual worker.”;

(5) in clause 6, for the expression “ the Secretary or any other officer authorised in this behalf by the Board ” the expression “ the Labour Officer ( Social Security Scheme ) of the respective District after due verification” shall be substituted ;

(6) in clause 6 A, in sub-clauses (1) and (2), for the expression “Secretary ”, the expression “Labour Officer ( Social Security Scheme ) of the respective district ” shall be substituted ;

(7) in clause 7, after the expression “ Board ”, the expression “ through the Labour Officer ( Social Security Scheme ) of the respective district after verification” shall be substituted;

(8) in clause 8. in sub-clause (1). after the expression “ The Board ”. the following

expression shall be inserted, namely:-

“ and the Labour Officer ( Social Security Scheme ) of the respective district ”;

(9) for clause 11, the following clause shall be substituted, namely:-

**“11. *Personal Accident Relief*:-** (1) All registered manual workers when met with an accident are eligible for Personal Accident Relief and where the accident results in death, their nominees are eligible for Personal Accident Relief.

*Explanation.-* For the purpose of this clause, “accident” means any bodily injury or death or loss of limbs or loss of sight resulting to a registered manual workers solely and directly from accident arising out of and in the course of his employment but does not include any intentional self injury, suicide, attempted suicide, injury caused while under the influence of intoxicating liquor or drugs or caused by insanity or resulting from the commission of any breach of the law, or rules, regulations or instructions applicable, from time to time.

(2) The risk covered by the Personal Accident Relief scheme and the amount of compensation payable shall be as follows:-

( a ) Death .. Rs.1,00,000

( b ) Loss or actual physical separation of or total and irrecoverable loss of use of:-

(i)	both hands; or	} .. Rs.1,00,000
(ii)	both feet; or	
(iii)	one hand and one foot; or	
(iv)	total and irrecoverable loss of sight in both eyes	

(c) Loss or actual physical separation of or total and irrecoverable loss of use of:-

(i)	one hand; or	} .. Rs.50,000
(ii)	one foot; or	
(iii)	total and irrecoverable loss of sight in one eye	

(d) Permanent total disablement from injuries other than

(e) Permanent partial disablement as specified in column (1) of the Table below

At the rate specified in the corresponding entry in column (2) of the Table below

**THE TABLE.**

Nature of disablement	Compensation in percentage (to be applied on Rs.1,00,000/-)	
(1)	(2)	PERCENT
1. Loss of toes	All	20
	Great both phalanges	5
	Great one phalanx	2
	Other than great, if	1
	more than one toe lost, each	
2. Loss of hearing	Both ears	50
3. Loss of hearing	One ear	15
4. Loss of four fingers and thumb of one hand		40
5. Loss of four fingers		35
6. Loss of thumb	Both Phalanges	25
7. Loss of index finger	Three Phalanges	10
	Two Phalanges	8
	One Phalanx	4
8. Loss of middle finger	Three Phalanges	6
	Two Phalanges	4
	One Phalanx	2
9. Loss of ring finger	Three Phalanges	5
	Two Phalanges	4
	One Phalanx	2
10. Loss of little finger	Three Phalanges	4
	Two Phalanges	3
	One Phalanx	2
11. Loss of Metacarpals		
	1 st or 2 nd	(additional) 3
	3 rd 4 th or 5 th	(additional) 2
12. Any other permanent partial disablement		Percentage as assessed by the Doctor

(3) *Claim.*- (a) Immediately upon the happening of any accident to a registered manual worker while in pursuit of his employment resulting in death or loss of limbs or loss of sight, the employer who has employed him shall send a report to the Labour Officer ( Social Security Scheme ) of the respective district and to the Police in Form B in Schedule II, on the same day of such accident. The Labour Officer ( Social Security Scheme ) of the respective district shall investigate the accident occurred, in the work place.

(b) In case of injury or loss of limbs or loss of eyesight specified in items (b) to (e) of sub-clause (2), the claim shall be made by the registered manual worker concerned and in the event of death of a registered manual worker within the work place, the claim shall be made by the nominee in Form C in Schedule II, in duplicate.

(c) In case of death of a registered manual worker due to accident arising out of and in the course of employment, First Information Report, death certificate and post-mortem certificate issued by an authority who is competent to issue such certificate or any other documents called for by the Labour Officer ( Social Security Scheme ) of the respective district shall be produced by the claimant. If there is delay for more than thirty days in getting the post-mortem certificate, the certificate given by the Tahsildar in this regard shall be produced.

(d) In case of loss of limbs or loss of eyesight or partial disablement due to accident arising out of and in the course of employment, the claimant should produce First Information Report, discharge summary, medical certificate, disability certificate with percentage of disability issued by a medical officer not below the rank of a Civil Assistant Surgeon or by a Government Medical Officer who treated the claimant.

(e) The Labour Officer (Social Security Scheme) of the respective district shall, after due verification, sanction the compensation to the claimant”;

(10) in clause 13, in sub-clause (2),-

(i) in item (a), for the expression “to the Board in such form as may be prescribed by the Board in this behalf.”, the expression “in Form-CC to the Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(ii) in the proviso to item (a), for the expression “Board”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(iii) in item (b) and in the proviso thereto, for the expression “ Board ”, wherever it occurs, the expression “Labour Officer ( Social Security Scheme ) of the respective district ” shall be substituted;

(11) in clause 14, in sub-clause (1), for the expression “Secretary, or any other officer authorised in this behalf by the Board ”, the expression “Labour Officer ( Social Security Scheme ) of the respective district, after due verification” shall be substituted ;

(12) in clause 14A, in sub-clause (1), for the expression “ Secretary or any other officer authorised in this behalf by the Board”, the expression “Labour Officer ( Social Security Scheme ) of the respective district, after due verification” shall be substituted ;

(13) in clause 15,-

(i) for sub-clause (1), the following sub-clause shall be substituted, namely:-

“(1) The assistance for the education of the children of a registered manual worker shall be sanctioned by “the Labour Officer ( Social Security Scheme ) of the respective district” after due verification as specified in Table below:-

**THE TABLE**

Serial Number	Form	Course of Study	Day Scholar		Hosteller	
			Boys	Girls	Boys	Girls
			Rs.	Rs.	Rs.	Rs.
-1-	-2-	-3-	-4-		-5-	
Educational Assistance						
1	EEE	10 <sup>th</sup> Std. Studying-Girl children only	---	1,000	---	---
2	E	10 <sup>th</sup> Std. passed	1,000	1,000	---	---
3	EEE	11 <sup>th</sup> Std. Studying-Girl children only	---	1,000	---	---
4	EEE	12 <sup>th</sup> Std. Studying – Girl children only	---	1,500	---	---
5	E	12 <sup>th</sup> Std., passed	1,500	1,500	---	---
6	EE	Studying regular Bachelor Degree course (Every academic year)	1,500	1,500	1,750	1,750
7	EE	Studying regular Post Graduate course ( Every academic year )	2,000	2,000	3,000	3,000
8	EE	Studying regular Professional Course in Law, Engineering, Medicine, Veterinary, Science and allied courses ( Every academic year )	2,000	2,000	4,000	4,000
9	EE	Studying regular Post Graduate Professional Course in Law, Engineering, Medicine, Veterinary, Science and allied courses ( Every academic year )	4,000	4,000	6,000	6,000
10	EE	Studying ITI or Polytechnic course (Every academic year)	1,000	1,000	1,200	1,200

(ii) for sub-clause (3), the following sub-clause shall be substituted, namely :-

“ (3) The application for assistances specified in serial numbers 2 and 5 in column (1) of the Table in sub-clause (1). shall be in Form E in Schedule II. to be



submitted after passing of the course, the application for assistances specified in serial numbers 6 to 10 in column (1) of the said Table shall be in Form EE in Schedule II to be submitted before completion or passing of the course, and the application for assistances specified in serial numbers 1,3 and 4 shall be in Form EEE in Schedule II to be submitted before completion or passing of the course.”;

- (14) in clause 16, in sub-clause (1), for the expression “ The Secretary or any other officer authorised in this behalf by the Board, shall on an application from a registered manual worker,”, the expression “The Labour Officer (Social Security Scheme ) of the respective district shall, on an application from a registered manual worker, after due verification”, shall be substituted ;
- (15) in clause 17, for sub-clause (1), the following sub-clause shall be substituted, namely:-

“(1) The Labour Officer ( Social Security Scheme ) of the respective district shall, on an application from a registered Women manual worker, sanction the assistance as indicated below, after due verification of the proof produced by her of the pregnancy or delivery of a child by her or the miscarriage of her pregnancy or the termination of her pregnancy:-

- (i) Pregnancy - Rs.6,000/-  
(Rs.3,000/- shall be paid on the seventh month of pregnancy and remaining Rs.3,000/- shall be paid on delivery of the child)
- (ii) Miscarriage of pregnancy - Rs.3,000/-
- (iii) Termination of pregnancy - Rs.3,000/-.”;

- (16) in clause 17-A,-

(i) in sub-clause (1), for the expression “ Secretary or any other officer authorised in this behalf by the Board, shall, on an application from a registered manual worker,” the expression “ Labour Officer ( Social Security Scheme ) of the respective district, shall, on an application from a registered manual worker, after due verification” shall be substituted;

- (ii) for sub-clause (2), the following sub-clause shall be substituted, namely:-

“(2) The assistance shall be restricted to 65 registered manual workers, depending upon the applications received per year in each district on “First Come-First Serve” basis.”;

- (17) in Schedule II,-  
(a) for Form A, the following Form shall be substituted, namely :-

**“FORM – A**  
[See clause 5 (2)]  
**APPLICATION FOR REGISTRATION**

To  
The Labour Officer (Social Security Scheme),  
.....district.

Affix  
Passport  
size  
photograph

Registration No.....

(to be filled in by the Registration Authority)

1. Name of the Worker :
2. Name of the Father/Husband :
3. Date of birth  
(Enclose Xerox copy of evidence Day Month Year  
in proof duly attested by a Group A or  
Group B officer)\*
4. Marital status  
(Whether married, unmarried, widow/widower) :
5. Permanent address :
6. Present address :
7. State whether self-employed or employed :
8. If employed, furnish the name and address  
of the establishment and also the name and  
address of the employer/contractor :
9. Nature of work :
10. Number of years engaged in the employment  
as on the date of application :
11. Particulars of the members of the family

Sl. No.	Name	Age	Relationship	Marital status
(1)	(2)	(3)	(4)	(5)

12. (a) Whether the wife/husband is employed ? :  
(b) If so furnish details :

Signature of the manual

worker

**DECLARATION BY THE APPLICANT\*\***

I declare that I am not registered as a member in any other Manual Workers Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Signature or left hand thumb impression of the manual worker.  
(Left hand thumb impression to be attested by the Registration  
Authority)

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\* (i) Birth Certificate or (ii) School Certificate or (iii) Driving license or (iv) Ration Card or  
(v) Voter's identity card or (vi) Certificate from Registered Medical Practitioner not below  
the rank of

Civil Surgeon of a Government Hospital in the prescribed format with the signature of the  
manual worker.

\*\*Any false declaration / certification will entail legal action.

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### **CERTIFICATE OF EMPLOYMENT**

Certified that the particulars furnished by Thiru/Thirumathi/ Selvi.....,  
regarding employment as a manual worker in the application for registration are true to the best  
of my knowledge and belief.

Place:  
person /

Signature and name of the

**Date :**  
Certificate

Officer issuing the

\*\*Any false declaration / certification will entail legal action.

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### **VERIFICATION CERTIFICATE**

After due verification it is certified that the particulars furnished in the application  
and the proof are found correct and recommended for registration.

Place:  
Date:

Village Administrative Officer /  
Revenue Inspector (for Chennai district)

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#### **Office Note:-**

Application and proof verified.

The recommendation of the .....is accepted and the applicant is registered as  
member of the Tamil Nadu Construction Workers Welfare Board.

Application for membership rejected (In case of rejection, reason should be clearly mentioned).

**Labour Officer ( Social Security  
Scheme )**

.....district.

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## **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....residing at  
.....application for registration  
as manual worker in the Tamil Nadu Construction Workers Welfare Board.

Office Seal:  
Scheme)

Signature of the Labour Officer (Social Security

Name :

Designation: ”;

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(b) for Form B, the following Form shall be substituted, namely:-

**“FORM-B**  
**[See clause 11(3) (a)]**

### **ACCIDENT INTIMATION FORM**

To  
The Labour Officer ( Social Security Scheme ),  
..... district.

To  
The Inspector /Sub-Inspector of Police,  
.....  
Sir,

Thiru/Thirumathi/Selvi/Selvan ..... son of/wife of/daughter of .....  
employed in the construction work place ..... at ..... has  
suffered loss of limbs/loss of eye-sight/total disablement/partial injury/death due to accident  
while engaged in his/her occupation/outside the workplace.

Date :  
Employer)

(Signature of the

Address:

Signature of the worker / nominee.”;

---

(c) for Form C, the following Form shall be substituted, namely:-

**“FORM C**  
[See clause 11(3)(b)]

**APPLICATION FOR PAYMENT OF COMPENSATION FOR  
ACCIDENTAL DEATH/ DISABILITY**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

1.     (a) Name of the registered manual worker     }  
       (b)Address (in full)                                 }  
       (on the date of death/ disability)                 :  
       (c) Age  
       (d) Registration number and date of  
           initial registration                                 :  
       (e) Renewal date   :  
       (f) Occupation   :  
2.     (a) Area   :  
       (b) Place   :  
       (c)Taluk    :  
       (d) District   :  
3.     (a) Name of the nominee                               :  
       (b) Relationship with the deceased worker  
           (in the case of accidental death only)  
       (c) Age of the nominee                                 :  
       (d) Address in full (with PIN Code No.)           :  
4.     Whether the claimant is the registered manual worker  
           himself (in the case of accidental  
           disability) or the nominee of the

- registered manual worker? :
5. Date and time of accident :
6. Place of accident :
- (a) at the work place :
- (b) outside the work place :
7. Whether intimation regarding accident has been given in Form B as per clause 11 (3) (a)?
8. Whether the accident resulted in death/ loss of limb/loss of eye sight/partial injury?
9. In the case of accidental disability, a certificate from a Civil Surgeon of the Government Hospital indicating the percentage of disability due to accident with details should be obtained and enclosed in original.
- :
- 10 ( i) Date and time of death (in the case of accidental death) :
- (ii) Attested copy of First Information Report from the Police Station nearer to the place of accident to be enclosed :
- (iii) Post-Mortem Certificate and final Investigation Report should be sent in original :
- (iv) Death Certificate (attested copy) should be enclosed :

worker /

Signature of the registered manual nominee in case of death.

### **DECLARATION BY THE CLAIMANT\*\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for accidental death/disability. I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :  
Date :  
worker /

Signature of the registered manual nominee in case of death.

\*\* Any false declaration / certification will entail action.

### **SANCTION**

I hereby sanction, after due verification, a sum of Rs...../- (Rupees.....only) as assistance to/Thiru/Tmt./Selvi..... nominee/ registered manual worker for the accident as death / disability of Thiru/Thirumathi/Selvi.....a registered manual worker.

Place: Labour Officer ( Social Security Scheme )

Date: .....District.

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. .... application for sanction of assistance towards accidental death/disability in respect of deceased registered manual worker Selvi/Thiru/Tmt. .... (Registration Number.....)/registered manual worker Selvi/Thiru/Tmt. ....(Registration Number.....).

Signature of the Labour  
Officer  
( Social Security Scheme )  
with date  
.....district

Office Seal: Name:  
Designation: .”;

(d) after Form C, the following Form shall be inserted, namely :-

### **“FORM – CC** **[ See clause 13(2)(a) ]**

### **APPLICATION FOR PENSION / DISABILITY PENSION**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

Passport Size  
photograph  
duly signed

1. Name of the applicant :
2. Address in full (to which pension is to be sent) (with PIN code) :
3. Registration number and date :  
(Original Identity Card should be enclosed)
4. Age and date of completion of 60 years of age :
5. Date of completion of continuous period of five years as registered worker of the Board :
6. Whether the registration has been renewed regularly without any default? If so, details may be furnished :

Sl. No.	Date of initial registration/ subsequent renewal	Period of validity of registration/renewal	
		From	To
(1)	(2)	(3)	(4)

7. Whether the applicant has become disabled due to sickness and incapacitated from normal work? (If so, a certificate by a Medical Officer not below the rank of Civil Surgeon of the Government Hospital under his name and seal should be enclosed in original) :

8. Whether in receipt of any other pension?

If so, furnish complete details,

:

Signature of the registered manual

worker /

nominee in case of death.

### **DECLARATION\*\***

I hereby declare that the facts mentioned above are true to the best of my knowledge and information. I am not a registered worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as pension / disability pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place:

Signature/Thumb impression

Date:

Name :

\*\*Any false declaration / certification will entail legal action.

Note : 1. Besides the photograph affixed above another passport size photograph should be enclosed with the application.

2. Incomplete applications will not be considered.

### **23. SANCTION**

I hereby sanction, after due verification, a monthly pension of Rs...../- (Rupees.....only) with effect from .....The amount shall be sent by Money Order.

Place:

**Labour Officer ( Social Security Scheme )**

Date:

.....district.

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....(Address in full) .....  
.....(Registration No. ....)  
application for sanction of pension / disability pension.



Signature of Labour Officer  
( Social Security Scheme ) with date  
.....district

Name:  
Office Seal :  
Designation:.”;

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(e) for Form D, the following Form shall be substituted, namely :-

**“FORM - D**  
**[See clauses 14 (2) and 14A (2)]**

**APPLICATION FOR GRANT OF FUNERAL EXPENSES/NATURAL DEATH  
ASSISTANCE**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

1. Name of the deceased registered manual worker:
2. Address (in full at the time of death):
3. Age (on the date of death) :
4. Nature of work :
5. (a) Registration Number and date of initial registration  
(Original identity card should be enclosed).  
(b) Date of last renewal, indicating the  
period upto which renewed

6.
  - (a) Place of death
  - (b) Date of death
  - (c) Cause of death (to be indicated clearly) :  
(Avoid indicating as "Natural Death")  
(Death certificate in original should be enclosed):
7.
  - (a) Name of the nominee :
  - (b) Age of the nominee (in completed years):
  - (c) Address of the nominee in full indicating PIN Code:
  - (d) Relationship of the applicant with the deceased  
registered manual worker.

Signature of the nominee of  
the  
registered manual worker

#### **DECLARATION OF THE NOMINEE\*\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for death/funeral expenses of the deceased manual worker.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date :

nominee

Signature of the

registered manual

worker

\*\*Any false declaration / certification will entail legal action.

---

#### **24. CERTIFICATE\*\***

I hereby certify that the particulars furnished in the application are correct.

Place: Member, Tamil Nadu Construction Workers Welfare Board /  
President / Secretary of the Registered Trade Union / Assistant  
Date: Inspector of Labour concerned / Any other officer permitted to  
give employment certificate.

\*\*Any false declaration / certification will entail legal action.

---

#### **SANCTION**

1. I hereby sanction after due verification a sum of Rs...../-  
(Rupees.....only) as assistance to Thiru./Tmt./Selvi.....nominee / nominees,  
for the funeral of Thiru/Thirumathi/Selvi .....,a registered manual worker.

2. I hereby sanction after due verification a sum of Rs. ....-(Rupees  
only) as assistance to Thiru./Tmt./Selvi.....nominee /  
nominees, on the natural death of Thiru/Thirumathi/Selvi .....a registered  
manual worker.

Place : Labour Officer ( Social Security Scheme )  
Date : .....district.

---

**ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. .... claim  
application for sanction of Funeral/Natural death assistance in respect of deceased registered  
manual worker Selvi/Thiru/Tmt. .... (Registration No.....)

Signature of the Labour Officer  
( Social Security Scheme ) with date  
.....district

Office Seal : Name:  
Designation:.”;

---

(f) for Form E, the following Form shall be substituted, namely :-

**“FORM - E**

**[See clause 15 (3)]**

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR PASS IN  
10<sup>th</sup> STANDARD AND 12<sup>th</sup> STANDARD EXAMINATION**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

1. Name of the registered manual worker.
2. (a) Registration Number and date of initial registration.  
(Original Identity card should be enclosed).  
(b) Date of last renewal, indicating the  
period upto which renewed
3. Address (in full) with PIN Code :
4. Details of family members of the registered  
manual worker:-

Sl.	Name	Relationship with the registered	Age
-----	------	----------------------------------	-----

No.		manual worker	
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought for:-

Sl. No.	Name (Son/Daughter)	Date of Birth	Examination passed	Month and Year of Pass	Name of the School studied
(1)	(2)	(3)	(4)	(5)	(6)

**Note:-** Xerox copy of the Mark Sheet in support of having passed the Examination, duly attested by a

Group A or Group B Officer should be enclosed.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing assistance Rs.	Amount of assistance (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)

Signature of the registered manual worker.

### **DECLARATION BY THE APPLICANT\*\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance. I further declare that I have not availed similar assistance from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date :

worker

Signature of the registered manual

\*\*Any false declaration / certification will entail legal action.

---



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**25. CERTIFICATE\*\***

I hereby certify that the particulars furnished in the application are correct.

Place: Member, Tamil Nadu Construction Workers Welfare Board /  
Date: President / Secretary of the Registered Trade Union / Assistant  
Inspector of Labour concerned / Any other officer permitted to  
give employment certificate.

\*\*Any false declaration / certification will entail legal action.

---

**SANCTION**

I hereby sanction, after due verification, a sum Rs...../- (Rupees.....only)  
as educational assistance in respect of Selvan/Selvi....., \*son / \*daughter of  
\*Thiru/\*Tmt....., registered manual worker (Registration Number.....).

Place : Labour Officer ( Social Security Scheme )  
Date : .....district.

\*Strike out whichever is not applicable.

---

**ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. ....(Registration Number .....)  
claim application for sanction of educational assistance.

Office Seal :  
  
Signature of the Labour  
Officer  
( Social Security Scheme  
 )with date  
.....district  
Name:  
Designation:.”;

(g) for Form EE, the following Form shall be substituted, namely :-

**“FORM - EE**  
**[See clause 15 (3)]**

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR HIGHER EDUCATION**

To  
The Labour Officer ( Social Security Scheme )

..... district.

1. Name of the registered manual worker.
2. (a) Registration Number and date of initial registration  
(Original identity card should be enclosed).  
(b) Date of last renewal indicating the  
period upto which renewed :
3. Address (in full) with PIN Code :
4. Details of family members of the registered  
manual worker

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought :-

Sl. No.	Name	Date of Birth	Name of the course studying	Duration of the course	Name of the College/Institution with address in full
(1)	(2)	(3)	(4)	(5)	(6)

**Note:** - Certificate from the Principal of the College/Educational institution to the effect that the son or daughter of the registered manual worker is studying the course indicating whether a day scholar or hosteller should be enclosed in original.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing assistance Rs.	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature of the registered manual worker

**DECLARATION BY THE APPLICANT\*\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefit by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date :

Signature of the registered manual worker.

**\*\*Any false declaration / certification will entail legal action.**

---

## **26. CERTIFICATE\*\***

I hereby certify that the above particulars furnished in the application are correct.

Place:

Date:

Member, Tamil Nadu Construction Workers Welfare Board /  
President / Secretary of the Registered Trade Union / Assistant  
Inspector of Labour concerned / Any other officer permitted to  
give employment certificate.

**\*\*Any false declaration / certification will entail legal action.**

---

## **SANCTION**

I hereby sanction after due verification for payment of Rs...../- (Rupees ..... only) towards educational assistance in respect of Selvan/Selvi.....(\*son /\*daughter) of \*Thiru/\*Tmt..... registered manual worker (Registration number.....).

Place:

Date

Labour Officer ( Social Security Scheme )  
.....district

\* Strike out whichever is not applicable.

---

## **ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. ....registered manual worker (Registration No. ....) claim application for sanction of educational assistance.

Signature of the Labour Officer  
( Social Security Scheme ) with date  
.....district

Name:

Office Seal :

Designation:.”;

(h) for Form EEE, the following Form shall be substituted, namely :-

**“FORM - EEE**  
**[See clause 15 (3)]**

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR GIRL CHILDREN**  
**STUDYING**  
**IN 10<sup>TH</sup> STANDARD/ 11<sup>TH</sup> STANDARD/ 12<sup>TH</sup> STANDARD.**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

1. Name of the registered manual worker.
2. a) Registration Number and date of initial registration  
(Original identity card should be enclosed).  
b) Date of last renewal indicating the  
period upto which renewed
3. Address (in full) with PIN Code :
4. Details of family members of the registered manual  
worker :

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the daughter for whom educational assistance is sought for:-

Sl. No.	Name	Date of Birth	Standard in which studying (STD. 10 <sup>th</sup> /11 <sup>th</sup> /12 <sup>th</sup> )	Year of Study (indicate the academic year)	Name of the school with full address
(1)	(2)	(3)	(4)	(5)	(6)

**Note:-** Certificate from the Head Master/Principal of the School to the effect that the daughter of the registered manual worker is studying the course, should be enclosed.

6. Number of children for whom the assistance has already been availed from the Board:

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing the assistance	Amount of assistance (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)



Signature of the registered manual  
worker

**DECLARATION BY THE APPLICANT\*\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date :

worker.

Signature of the registered manual

\*\*Any false declaration / certification will entail legal action.

---

**27. CERTIFICATE\*\***

I hereby certify that the particulars furnished in the application are correct.

Place:

Date:

Member, Tamil Nadu Construction Workers Welfare Board /  
President / Secretary of the Registered Trade Union / Assistant  
Inspector of Labour concerned / Any other officer permitted to  
give employment certificate.

\*\*Any false declaration / certification will entail legal action.

---

**SANCTION**

I hereby sanction, after due verification, a sum of Rs...../- (Rupees.....  
only) as educational assistance in respect of Selvi....., daughter of Thiru/Tmt.....,  
registered manual worker..... (Registration No.....).

Place :

Scheme )

Date

Labour Officer (Social Security

.....district

---

**ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. .... registered manual worker (Registration No.....), claim application for sanction of educational assistance .

Place:	Signature of the Labour Officer
Date :	( Social Security Scheme ) with date.
Office Seal :	.....district
	Name :
	Designation: .”;

---

(i) for Form F, the following Form shall be substituted, namely :-

**“FORM - F**  
**[See clause 16 (4)]**

**APPLICATION FOR PAYMENT OF MARRIAGE ASSISTANCE**

To  
The Labour Officer ( Social Security Scheme )  
.....district.

1. Name of the registered manual worker.
2. Registration Number and date of initial registration(Original Identity Card should be enclosed).
3. Address in full with PIN Code:
4. (a) Particulars of the members of the family of the registered manual worker :

Sl No.	Name	Relationship	Age	Marital Status
(1)	(2)	(3)	(4)	(5)

- (b) (i) Name of the person for whose marriage the assistance is sought for
- (ii) Relationship to the registered manual worker:
- (iii) Age in completed years on the date of marriage:
- (c) Names of the couple : (i) Bride
- (ii) Groom
- (d) Date and venue of the marriage  
(Marriage invitation to be enclosed in original) :
- (e) Has the marriage assistance been availed earlier from the Board?  
If so, furnish details:

Signature of the registered manual worker

**DECLARATION BY THE APPLICANT\*\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance for the marriage of self/daughter/son.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date :

worker.

Signature of the registered manual

**\*\*Any false declaration / certification will entail legal action.**

---

## **28. CERTIFICATE\*\***

I hereby certify that the marriage of Selvan / Selvi.....son/daughter of ..... , registered manual worker (Registration Number.....)with Selvan / Selvi.....son/daughter of .....will take place on .....at..... .

Place:

Date:

Member of parliament or Member of legislative Assembly or President of Village Panchayat or Member of the Local Body or Village Administrative Officer/Revenue Inspector (in Chennai) in whose jurisdiction the applicant resides.

**\*\*Any false declaration / certification will entail legal action.**

---

## **SANCTION**

I hereby sanction, after due verification, for payment of Rs...../- (Rupees ..... only) towards marriage assistance of the son / daughter / self of Thiru/Tmt....., registered manual worker of the Board (Registration number.....)

**Labour Officer ( Social Security Scheme )**

..... district.

---

## **ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. ....(Registration No.....) claim application for sanction of marriage assistance.

Officer

Signature of the Labour

( Social Security Scheme ) with date  
.....district

Office Seal :

Name:  
Designation:.”;

(j) for Form G, the following Form shall be substituted, namely :-

**“FORM - G**  
**[See clause 17 (3)]**

**APPLICATION FOR PAYMENT OF MATERNITY ASSISTANCE FOR PREGNANCY  
OR MISCARRIAGE OR TERMINATION OF PREGNANCY BY A REGISTERED  
WOMAN MANUAL WORKER**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

1. Name of the registered woman manual worker :
2. (a) Registration Number and date of initial registration  
(Original Identity card should be enclosed).
- (b) Date of last renewal indicating the  
period upto which renewed
3. Address (in full) with PIN Code :
4. Particulars of surviving son/daughter of the registered  
female manual worker :

Sl. No.	Name	Sex	Date of Birth	Age
(1)	(2)	(3)	(4)	(5)

5. Month of Pregnancy\* on the date of claim application:  
\*(Certificate from the Civil Assistant Surgeon of the  
Government Hospital in support of this should be enclosed in original)
6. Whether the claim is for pregnancy or miscarriage of  
Pregnancy or Termination of pregnancy?  
If so details may be furnished. (Certificate  
from the Civil Assistant Surgeon of the Government  
Hospital to this effect should be obtained  
and sent in original)
7. Whether the assistance has already been  
availed by the registered woman manual worker?

If so, details may be furnished:

Signature of the registered woman manual worker

**DECLARATION BY THE APPLICANT\*\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date :

worker

Signature of the registered woman manual

**\*\*Any false declaration / certification will entail legal action.**

**Note:-** The Birth Certificate from the Registrar of Births of the area concerned should be obtained and sent in original for release of the assistance after the date of delivery.

---

**29. CERTIFICATE\*\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date:

Member, Tamil Nadu Construction Workers Welfare Board /  
President / Secretary of the Registered Trade Union / Assistant  
Inspector of Labour concerned / Any other officer permitted to  
give employment certificate.

**\*\*Any false declaration / certification will entail legal action.**

---

**SANCTION**

I hereby sanction, after due verification, for the payment of assistance of Rs...../- (Rupees ..... only) to Tmt..... (Registration No.....) \*at the time of seventh month of pregnancy / \*on delivery of child / \*for miscarriage of pregnancy / \* termination of pregnancy (\* Strike out whichever is not applicable).

**Labour Officer ( Social Security Scheme )with  
date**

..... district.

---

**ACKNOWLEDGEMENT SLIP**

Received from Tmt. ....claim application for  
sanction of maternity assistance for \*pregnancy/\*miscarriage of pregnancy / \*termination of  
pregnancy in respect of the registered female manual worker .

\* Strike out whichever is not applicable

Signature of the Labour  
Officer  
( Social Security Scheme ) with date  
.....district  
Name:  
Designation:.”;

Office Seal :

---

(k) for Form H, the following Form shall be substituted, namely :-

**“FORM - H**

[See clause 5-A]

**NOMINATION UNDER  
TAMIL NADU MAUAL WORKERS (CONSTRUCTION WORKERS)  
WELFARE SCHEME,1994**

Registration No. : .....

I ..... (specify name) hereby nominate the person/persons below to receive the claims due under clause 11 of the Tamil Nadu Manual Workers (Construction Workers) Welfare Scheme, 1994 in the event of my death. The nominee(s) are also entitled to receive the amount that may become payable under clause 14 and clause 14A of the Tamil Nadu Manual Workers (Construction Workers) Welfare Scheme, 1994.

Name and address of the nominee(s)	Relationship of the nominee(s) with the registered manual worker	Age of the nominee	Percentage of share to be paid to each nominee.
(1)	(2)	(3)	(4)

Place:  
**impression**  
Date:  
**worker**

**Signature or left -hand thumb  
of the manual**

**CERTIFICATE.**

Certified that the above nomination has been signed/thumb-impression has been impressed by Thiru/Thirumathi/Selvi .....after he/she has read the entries (or) after entries have been read over to him/her by me and understood by him/her.

**Place:**  
**Date:**

**Labour Officer ( Social Security Scheme )  
.....District.”;**

(1) for Form I, the following Form shall be substituted, namely :-

**“FORM - I**  
**[ See clause 5-A (5) ]**

**MODIFICATION OF NOMINATION UNDER**  
**TAMIL NADU MANUAL WORKERS (CONSTRUCTION WORKERS)**  
**WELFARE SCHEME,1994**

Registration No.....

Under clause 5-A(5) of the Tamil Nadu Manual Workers (Construction Workers) Welfare Scheme, 1994, I ..... (specify name) hereby revoke my earlier nomination dated ..... and hereby nominate the person/persons below to receive claims under clauses 11 (4), 14 and 14 A of the Tamil Nadu Manual Workers (Construction Workers) Welfare Scheme, 1994 .

<b>Name and address of the nominee(s)</b>	<b>Nominee's relationship with the worker</b>	<b>Age of the nominee</b>	<b>Percentage of share to be paid to each nominee</b>
(1)	(2)	(3)	(4)

Place:  
**impression**  
**worker**  
Date:

**Signature or left -hand thumb  
of the manual**

**CERTIFICATE**

Certified that the above modification of nomination has been signed/thumb-impressed by Thiru/Thirumathi/Selvi .....employed as .....after he/she has read the entries (or) after the entries have been read over to him/her by me and understood by him/her.

**Place:**  
**Date :**

**Labour Officer ( Social Security Scheme )**  
**.....District.”;**

(m) for Form J, the following Form shall be substituted, namely :-

**“FORM - J**  
**[See clause 5 (5) ]**

**IDENTITY CARD**  
**TAMIL NADU CONSTRUCTION WORKERS WELFARE BOARD, CHENNAI-600 034**

Registration number:

Date :

Photo

- (1) Name of the registered manual worker :
- (2) Name of father/husband :
- (3) Age :
- (4) Permanent address :
- (5) Present address :
- (6) Occupation :
- (7) Name of the nominee and relationship :
- (8) If he is a member of any Trade Union,  
the Registration Number given to him  
by the Union :
- Registration should be renewed before :

Signature of the manual worker.  
Security

“Labour Officer ( Social  
Scheme ) with Date  
..... district.”;



Office Seal

(n) for Form K, the following Form shall be substituted, namely :-

**“FORM - K**  
[See clause 17-A]

**APPLICATION FOR REIMBURSEMENT OF COST ON  
PURCHASE OF SPECTACLES BY THE REGISTERED MANUAL WORKER**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

1. Name of the registered manual worker.
2. (a) Registration Number and date of initial registration.  
(Original identity card should be enclosed).
- (b) Date of last renewal indicating the  
period upto which renewed
3. Address in full with PIN Code.:
4. Date of purchase of spectacles and its actual cost :
5. Whether Certificate issued by a registered  
Ophthalmist is enclosed in original? :
6. Whether cash bill is enclosed in original? :

worker  
Signature of the registered manual

**DECLARATION BY THE APPLICANT\*\***

(i) I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount reimbursed towards purchase of spectacles for myself.

(ii) I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date :

worker

Signature of the registered manual

**\*\*Any false declaration / certification will entail legal action.**

### **30. CERTIFICATE\*\***

I hereby certify that the above particular furnished in the application are correct.

Place:

Date:

Signature of President / Secretary of the Registered Trade Union / Registered Contractor / Employer engaged in construction industry employing the Registered Manual Worker./Assistant Inspector of Labour concerned / Any other officer permitted to give employment certificate.

**\*\*Any false declaration / certification will entail legal action.**

---

### **SANCTION.**

I hereby sanction, after due verification, the reimbursement of a sum of Rs..... (Rupees..... only) to Thiru/Tmt/Selvi.....registered manual worker (Registration Number.....), towards actual cost on purchase of spectacles for himself/herself.

The Labour Officer ( Social Security Scheme )  
..... district.

---

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....  
.....registered manual worker (Registration No.....)  
application for reimbursement of cost on purchase of spectacles for himself/herself.

Signature of Labour Officer  
( Social Security Scheme ) with date  
.....district  
Name:

Office Seal :

Designation:.”;

---

(18). Schedule III shall be omitted.

\*\*\*\*\*

## **NOTIFICATION –II.**

In exercise of the powers conferred by section 4 read with section 3 of the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 (Tamil Nadu Act 33 of 1982), the Governor of Tamil Nadu, after consultation with the Advisory Committee, hereby makes the following amendments to the Tamil Nadu Manual Workers Social Security and Welfare Scheme, 2006.

2. The amendments hereby made shall come into force on the 31<sup>st</sup> day of October, 2008.

### **AMENDMENTS**

In the said Scheme, -

- (1) in clause 9,-

(i) in sub-clause (1), after the expression “Board”, the expression “through the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

(ii) in sub-clause (2),-

(a ) after the expression “such registration shall be made”, the expression “in duplicate to the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

( b ) after item (c), the following item shall be added, namely:-

“(d) Village Administrative Officer and for Chennai district, the Revenue Inspector concerned.”;

(iii) for sub-clause (3), the following sub-clause shall be substituted, namely:-

“(3) (a) The registration of the name of the manual worker with the Board shall be made by the Labour Officer (Social Security Scheme) of the respective district after due verification by the respective Village Administrative Officer and for Chennai district, by the Revenue Inspector concerned.

(b) The registration under this clause is valid for a period of two years or until the registered manual worker attains the age of sixty years, whichever is earlier.”;

(iv) in sub-clauses (4) and (5), for the expression “Board or district or local office” wherever it occurs, the expression “Labour Officer ( Social Security Scheme ) of the respective district ” shall be substituted;

(v) in sub-clause (6), after item (c), the following item shall be added, namely:-

“(d) Where the nomination made is incomplete or becomes void, the assistance shall

be released to the legal heirs of the deceased registered manual worker.”;

(2) in clause 10,-

(iv) in sub-clauses (1) and (2), for the expression “Executive Officer”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(3) in clause 11, in sub-clause (4), after the expression “Board”, the expression “and the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

(4) in clause 14, in sub-clause (3), for the expression “Executive Officer or any other officer authorised in this behalf by the Board”, the expression “Labour Officer ( Social Security Scheme ) of the respective district, after due verification” shall be substituted;

(5) in clause 15, for the expression “Chief Executive Officer or any other officer authorised by the Chief Executive Officer in this behalf”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(6) in clause 17,-

(i) in sub-clause (1), after the expression “Personal Accident Relief”, the following expression shall be added, namely:-

“and where the accident results in death, their nominees are eligible for Personal Accident Relief.”;

(ii) in sub-clause (3),-

(a) in item (a), for the expression “Board”, occurring in three places, the expression “Labour Officer ( Social Security Scheme ) of the respective district ” shall be substituted;

(b) in item (e), for the expression “ Board or any Officer authorised in this behalf ”, the expression “ Labour Officer ( Social Security Scheme ) of the respective district ” shall be substituted;

(7) in clause 18,-

3. in sub-clause (2), for the expression “Board” occurring in five places, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

4. in sub-clause (3), for the expression “ Rs.300 (Rupees three hundred only)”, the expression “Rs.400 (Rupees four hundred only)” shall be substituted;

- (8) in clause 19,-
- (i) in sub-clause (1), for the expression “Secretary or any other officer authorised in this behalf by the Board”, the expression “Labour Officer ( Social Security Scheme ) of the respective district, after due verification” shall be substituted;
- (ii) in sub-clause (2), the expression “by the Board” shall be omitted;
- (9) in clause 20, in sub-clause (1), for the expression “Secretary or any other Officer authorized in this behalf by the Board” , the expression “Labour Officer ( Social Security Scheme ) of the respective district, after due verification” shall be substituted;
- (10) in clause 21,-
- (iii) for sub-clause (1), the following sub-clause shall be substituted, namely:-
- “(1) The assistance for the education of the children of a registered manual worker shall be sanctioned by the Labour Officer ( Social Security Scheme ) of the respective district, after due verification, as specified in the Table below:-

**THE TABLE.**

Serial Number	Form	Course of Study	Day Scholar		Hosteller	
			Boys	Girls	Boys	Girls
			Rs.	Rs.	Rs.	Rs.
1	XI	10 <sup>th</sup> Std., Studying-Girl children only	---	1,000	---	---
2	X	10 <sup>th</sup> Std., passed	1,000	1,000	---	---
3	XI	11 <sup>th</sup> Std., Studying-Girl children only	---	1,000	---	---
4	XI	12 <sup>th</sup> Std. Studying – Girl children only	---	1,500	---	---
5	X	12 <sup>th</sup> Std. passed	1,500	1,500	---	---
6	XII	Studying regular Bachelor Degree course (Every academic year)	1,500	1,500	1,750	1,750
7	XII	Studying regular Post Graduate course ( Every academic year )	2,000	2,000	3,000	3,000
8	XII	Studying regular Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses . ( Every academic year )	2,000	2,000	4,000	4,000

9	XII	Studying regular Post Graduate Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses ( Every academic year )	4,000	4,000	6,000	6,000
10	XII	Studying ITI or Polytechnic course (Every academic year)	1,000	1,000	1,200	1,200

.”;

(iv) for sub-clause (3), the following sub-clause shall be substituted, namely:-

“ (3) The application for assistances specified in serial numbers 2 and 5 in column (1) of the Table in sub-clause (1) shall be in Form X to be submitted after passing of the course, the application for assistances specified in serial numbers 6 to 10 in column (1) of the said Table shall be in Form XII to be submitted before completion and passing of the course and the application for assistances specified in serial numbers 1,3 and 4 shall be in Form XI to be submitted before completion and passing of the course.”;

(11) in clause 22, in sub-clause (1), for the expression “Secretary or any other Officer authorised in this behalf by the Board, shall on an application from a registered manual worker”, the expression “Labour Officer ( Social Security Scheme ) of the respective district shall, on an application from a registered manual worker, after due verification” shall be substituted;

(12) in clause 23, for sub-clause (1), the following sub-clause shall be substituted, namely:-

“(1) The Labour Officer ( Social Security Scheme ) of the respective district shall, on an application from a registered female manual worker, sanction the assistance as indicated below, after due verification of the proof produced by her of her pregnancy or delivery of child by her or the miscarriage of her pregnancy or the termination of pregnancy:-

(i) Pregnancy - Rs.6,000/-  
(Rs.3,000/- shall be paid on the seventh month of pregnancy and remaining Rs.3,000/- shall be paid on delivery of the child)

(ii) Miscarriage of pregnancy -Rs.3,000/-

(iii) Termination of pregnancy -Rs.3,000/-.”;

(13) in clause 24,-

(i) in sub-clause (1), for the expression “Secretary or any other officer authorised in this behalf by the Board, shall on an application From XV from a registered manual worker”, the expression “Labour Officer ( Social Security Scheme ) of the respective district, shall on an application From XV from a registered manual worker, after due

verification” shall be substituted;

(ii) for sub-clause (2), the following sub-clause shall be substituted, namely:-

“(2) The assistance shall be restricted to 65 registered manual workers per year in each district on “First come – First serve” basis depending upon the applications received.”;

(14) for Form I, the following Form shall be substituted, namely :-

**“FORM – I**  
**[See Clause 9(2)]**

**APPLICATION FOR REGISTRATION**

To  
The Labour Officer (Social Security Scheme),  
..... district.

Affix  
Passport  
size  
photograph

Registration No.....  
(to be filled in by the Registration Authority)

1. Name of the Worker :
2. Name of the Father/Husband :
3. Date of birth  
(Enclose Xerox Copy of evidence Day Month Year  
in proof duly attested by a Group A  
or Group B Officer)\*
4. Marital Status  
(Whether married, unmarried, widow/widower) :
5. Permanent address :
6. Present address :
7. State whether self-employed or employed :
8. If employed, furnish the name and address  
of the establishment and also the name and  
address of the employer/contractor :
9. Nature of work :
10. Number of years engaged in the employment  
as on the date of application :
11. Particulars of the members of the family

Sl. No.	Name	Age	Relationship	Marital status
(1)	(2)	(3)	(4)	(5)

12. (a) Whether the wife/husband is employed ? :  
(b) If so furnish details
13. Nomination for receipt of Natural Death/Accidental  
Death Assistance :



Name and address ** of the nominee/nominees (1)	Nominee's Relationship with the worker (2)	Age of the nominee (3)	Percentage of amount to paid to each nominee (4)
---	--	------------------------------	--

\*(i) Birth Certificate or (ii) School Certificate or (iii) Driving Licence or (iv) Ration Card or (v) Voter's identity card or (vi) Certificate from Registered Medical Practitioner not below the rank of Civil Surgeon of a Government Hospital in the prescribed format duly signed by the worker.

\*\* Nominees shall be dependant Family Members.

Signature or left hand thumb impression of the manual worker.  
(Left hand thumb impression to be attested by the Registration Authority)

### **DECLARATION BY THE APPLICANT.\*\*\***

I declare that I am not registered as a member in any other Manual Workers Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Signature or left hand thumb impression of the manual worker.  
(Left hand thumb impression to be attested by the Registration Authority)

\*\*\* Any false declaration/ certification will entail legal action.

### **CERTIFICATE OF EMPLOYMENT\*\*\*.**

Certified that the particulars furnished by Thiru/Thirumathi/ Selvi....., regarding employment as a manual worker in the application for registration are true to the best of my knowledge and belief.

Place:

Date :

Signature and name of the person /  
Officer issuing the certificate

\*\*\* Any false declaration/ certification will entail legal action

### **VERIFICATION CERTIFICATE.**

After due verification it is certified that the particulars furnished in the application and the proof of age are found correct and recommended for registration.

Place:

Date:

Village Administrative Officer /  
Revenue Inspector (for Chennai district)

---

**Office Note:-**

Application and proof verified. The recommendation of the .....is accepted and the applicant is registered as member of the Tamil Nadu ..... Welfare Board . Application for membership rejected (In case of rejection, reason should be clearly mentioned).

**Labour Officer ( Social Security Scheme )**  
.....district

---

**ACKNOWLEDGEMENT SLIP.**

Received from Selvi/Thiru/Tmt. ....residing at  
..... application for registration as manual worker in the Tamil  
Nadu ..... Welfare Board.

Office Seal:  
).....

Labour Officer ( Social Security Scheme  
district with date  
Name :

Designation : .”.

---

(15) in Form II,-

- under the heading “SCHEME ASSISTANCES OF THE BOARD”, in serial number 8, against the entry “Pension”, for the expression “300”, the expression “400” shall be substituted;
- under the heading “Details of Scheme Assistance provided to the worker”, in the Table, for the expression “Name of the Beneficiary”, the expression “Name of the person” shall be substituted;
- under the heading “GENERAL INSTRUCTIONS”,-
  - (a) for the expression “Assistant Inspector of Labour”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;
  - (b) for the expression “Board” occurring in three places, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(16) in FORM - VI, for the expression “The Secretary,”, the expression “The Labour Officer (Social Security Scheme ), ..... district.” shall be substituted;

(17) for FORM - VII, the following Form shall be substituted, namely.-

**“FORM – VII**  
**[See Clause 17(3)(b)]**  
**APPLICATION FOR PAYMENT OF COMPENSATION FOR**  
**ACCIDENTAL DEATH/ DISABILITY**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

- |    |   |   |   |
|----|---|---|---|
| 2. | (a)Name of the registered manual worker   | } | : |
|    | (b)Address (in full)<br>(on the date of death/ disability)  |   |   |
|    | (c) Age   |   | : |
|    | (d) Registration number and date of<br>initial registration   |   | : |
|    | (e) Renewal date  |   | : |
|    | (f) Occupation  |   | : |
| 2. | (a)Area   |   | : |
|    | (b)Place  |   | : |
|    | (c)District   |   | : |
| 3. | (a) Name of the nominee   |   | : |
|    | (b) Relationship with the deceased registered manual worker<br>(in the case of accidental death only) |   |   |

- (c) Age of the nominee :
- (d) Address in full (with PIN) :
4. Whether the claimant is the registered worker himself (in the case of accidental disability) or the nominee of the registered manual worker? :
5. Date and time of accident :
6. Place of accident :
- (a) at the work place :
- (b) outside the work place :
7. Whether intimation regarding accident has been given in Form - VI as per clause 17 (3) (a)? :
8. Whether the accident resulted in death/ loss of limb/loss of eye sight/partial injury?
9. In the case of accidental disability, a certificate from a Civil Surgeon of the Government Hospital indicating the percentage of disability due to accident with details should be obtained and enclosed in original. :
- 10 (i) Date and time of death (in the case of accidental death) :
- (ii) Attested copy of First Information Report. from the Police Station nearer to the place of accident to be enclosed :
- (iii) Post-Mortem Certificate and final Investigation Report should be sent in original :
- (iv) Death Certificate (attested copy) should be enclosed :

worker /

Signature/Thumb impression of the registered manual

nominee in case of death.

### **DECLARATION BY THE CLAIMANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for accidental death/disability. I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date : Signature/Thumb impression of the registered manual worker /  
nominee in case of death.

\* Any false declaration/ certification will entail legal action.

---

### **SANCTION**

I hereby sanction, after due verification, for payment of Rs...../- (Rupees ...only) towards accidental death/disability to Selvi/Thiru/Tmt. .... nominee of the deceased manual worker (Registration Number..... ) / registered worker (Registration Number.....) himself.

Place: Labour Officer ( Social Security Scheme )  
Date: .....district.

(Affix Rubber Stamp)

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. .... application for sanction of assistance towards accidental death/disability in respect of deceased registered manual worker Selvi/Thiru/Tmt. .... (Registration Number .....)/registered manual worker Selvi/Thiru/Tmt. ....(Registration Number .....).

Labour Officer ( Social Security Scheme ) .....  
district with date

Office Seal :

Name:  
Designation: .”;

(18) for Form-VIII, the following Form shall be substituted, namely:-

### **“FORM -VIII [See Clause 18(2)]**

### **APPLICATION FOR PENSION**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

1. Name of the Applicant : :
2. Address in full (to which pension is to be sent) (with PIN code) :

Passport size  
photograph  
duly signed

3. Registration number and date :  
(Original identity Card should be enclosed)
4. Age and date of completion of  
60 years of age :
5. Date of completion of continuous period of  
five years as registered manual worker of the Board :
6. Whether the registration has been renewed  
regularly without any default? If so,  
details may be furnished :

Sl. No. (1)	Date of initial registration/ subsequent renewal (2)	Period of validity of registration/renewal	
		From (3)	To (4)

7. Whether in receipt of any other pension?  
If so, furnish complete details :

Signature/Thumb impression of the  
registered manual worker.

### **DECLARATION\***

I hereby certify that the facts mentioned above are true to the best of my knowledge and information. I am not a registered manual worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place: Signature/Thumb impression of the registered manual worker.

Date: Name :

\*Any false declaration/ certification will entail legal action

Note : 1. Besides the photograph affixed above, another passport size  
photograph should be enclosed with the application.

3. Incomplete applications will not be considered.

### **SANCTION**

I hereby sanction, after due verification, a monthly pension of Rs...../-  
(Rupees..... only) with effect from..... The amount shall be  
sent by Money Order.

Place : Labour Officer ( Social Security Scheme )

Date : .....district.

---

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....(Address in full) .....  
.....(Registration No. ....)  
application for sanction of pension.

Labour Officer ( Social Security Scheme ) ..... district with date

Name:

Office Seal :

Designation: .”;

—

(19) for Form-VIII-A, the following Form shall be substituted, namely:-

**“FORM -VIII-A**

**[See Clause 18(2)]**

**APPLICATION FOR DISABILITY PENSION**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

Passport size  
photograph  
duly signed

1. Name of the applicant :
2. Address in full (to which pension is to be sent) (with PIN code) :
3. Registration number and date :  
(Original identity card should be enclosed)
4. Age and date of completion of 60 years of age :
5. Date of completion of continuous period of five years as registered manual worker of the Board :
6. Whether the registration has been renewed regularly without any default? If so, details may be furnished :

Sl. No.	Date of initial registration/ subsequent renewal	Period of validity of registration/renewal	
		From	To
(1)	(2)	(3)	(4)

7. Whether the applicant has become disabled due to sickness and incapacitated from normal work? (If so, a certificate by a Medical Officer not below the rank of Civil Surgeon of the Government Hospital under his name and seal should be enclosed in original)

8. Whether in receipt of any other pension?

If so, furnish complete details :

Signature/Thumb impression of the registered  
manual worker

### **DECLARATION\***

I hereby declare that the facts mentioned above are true to the best of my knowledge and information. I am not a registered worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as disability pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place: Signature/Thumb impression of the registered manual worker

Date: Name :

\* Any false declaration/ certification will entail legal action

Note : 1. Besides the photograph affixed above another passport size photograph should be enclosed with the application.

2. Incomplete applications will not be considered.

### **SANCTION**

I hereby sanction, after due verification, a monthly pension of Rs...../- (Rupees..... only ) with effect from..... The amount shall be sent by Money Order.

Office Seal:

Place :

**Labour Officer ( Social Security Scheme )**

Date :

.....district.



---

—

**ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....(Address in full) .....  
.....(Registration No. ....)  
application for sanction of disability pension.

Labour Officer ( Social Security Scheme ) ..... district with date  
Name:  
Designation: .”;

Office Seal :

---

—

(20) for Form-IX, the following Form shall be substituted, namely:-

**“FORM – IX**  
**[See Clause 19(2) and 20(2)]**

**APPLICATION FOR PAYMENT OF FUNERAL EXPENSES/  
NATURAL DEATH ASSISTANCE**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

3. Name of the deceased registered manual worker:
4. Address in full (at the time of death):
5. Age (on the date of death) :
6. Nature of work :
7. (a) Registration Number and date of initial registration.  
(Original Identity card should be enclosed).  
(b) Date of last renewal, indicating the  
period upto which renewed
6. (a) Place of death  
(b) Date of death  
(c) Cause of death (to be indicated clearly) :  
(Avoid indicating as “Natural Death”)  
(Death Certificate in original shall be enclosed)
7. (a) Name of the nominee :  
(b) Age on the nominee (in completed years):  
(c) Address of the nominee in full indicating PIN Code:  
(d) Relationship of the nominee with the deceased  
registered manual worker

Signature/Thumb impression of the nominee of the  
registered manual worker

**DECLARATION OF THE NOMINEE \***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for death/funeral expenses of the deceased manual worker.

I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :

Signature/Thumb impression of the  
nominee of the registered manual worker

\*Any false declaration/ certification will entail legal action

### **CERTIFICATE\***

I hereby certify that the particulars furnished in the application are correct.

Place:

Date:

Members, ..... Tamil Nadu .....

Welfare Board / President/Secretary of the Registered Trade

Union of the Employment concerned/Assistant Inspector  
of Labour concerned /Any other officer permitted to give  
employment certificate.

\* Any false declaration/ certification will entail legal action

---

### **SANCTION**

3. I hereby sanction, after due verification, a sum of Rs.                      /- (Rupees  
only) as assistance to Thiru/Tmt/Selvi. ...., nominee / nominees, for the funeral  
of Thiru/Thirumathi/Selvi ..... a registered manual worker.

2. I hereby sanction, after due verification, a sum of Rs.                      /-(Rupees  
only) as assistance to Thiru/Tmt/Selvi....., nominee/nominees, on the natural death of  
Thiru/Thirumathi/Selvi .....a registered manual worker.

Office Seal:

Place :

**Labour Officer ( Social Security Scheme )**

**Date :**

.....district.

---

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....  
.....claim application for  
sanction of Funeral/Natural death assistance in respect of deceased registered manual worker  
Selvi/Thiru/Tmt. .... (Registration No.                      )

Labour Officer ( Social Security Scheme ).....  
district with date

Name:

Office Seal :

Designation:

.”;

(21) for Form-X, the following Form shall be substituted, namely:-

**FORM-X**

[See Clause 21(3)]

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR PASS IN  
10<sup>TH</sup> STANDARD AND 12<sup>TH</sup> STANDARD EXAMINATION.**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

- (v) Name of the registered manual worker.  
(vi)(a) Registration Number and date of initial registration.  
(Original Identity card should be enclosed).  
(b) Date of last renewal, indicating the  
period upto which renewed  
3. Address (in full) with PIN Code :  
4. Details of family members of the registered  
manual worker: -

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought for:-

Sl. No.	Name (Son/Daughter)	Date of Birth	Examination passed	Month and Year of Pass	Name of the School studied
(1)	(2)	(3)	(4)	(5)	(6)

**Note:-** Xerox copy of the Mark Sheet in support of having passed the Examination, duly attested by a Group A or Group B Officer should be enclosed.

6. Number of children for whom the educational assistance has already been availed  
from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing assistance	Amount of assistance (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker

**DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance. I further declare that I have not availed similar assistance from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :

Signature/Thumb impression of

the registered manual worker

\* Any false declaration/ certification will entail legal action .

### **CERTIFICATE\***

I hereby certify that the particulars furnished in the application are correct.

Place:

Date:

Members, ..... Tamil Nadu.....

Welfare Board /

President/Secretary of the Regd. Trade Union of the

Employment concerned/ Assistant Inspector

of Labour concerned /Any other officer permitted

to give employment certificate.

\* Any false declaration/ certification will entail legal action .

---

### **SANCTION**

I hereby sanction, after due verification a sum of Rs...../- (Rupees ..... only) as educational assistance, in respect of \*Selvan/\*Selvi..... \* son/\*daughter of \*Thiru/Tmt..... registered manual worker (Registration No..... ).

Office Seal:

Place:

Labour Officer ( Social Security Scheme ) .....district

Date :

\* Strikeout whichever is not applicable

---

### **ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt./ Selvi/ ..... (Registration No.....) claim application for sanction of educational assistance .

Labour Officer ( Social Security Scheme )

..... district with date

Name:

Office Seal :

Designation:

.”;

(22) for Form-XI, the following Form shall be substituted, namely:-

**“FORM-XI**

**[See Clause 21(3)]**

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR GIRL CHILDREN  
STUDYING  
IN 10<sup>TH</sup> STANDARD/ 11<sup>TH</sup> STANDARD / 12<sup>TH</sup> STANDARD.**

To

The Labour Officer ( Social Security Scheme

..... district.

3. Name of the registered manual worker.
4. (a) Registration Number and date of initial registration  
(Original identity card should be enclosed).
- (b) Date of last renewal, indicating the  
period upto which renewed
3. Address (in full) with PIN Code :
4. Details of family members of the registered manual  
worker :

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

**5. Details of the daughter for whom Educational Assistance is sought for:-**

Sl. No.	Name	Date of Birth	Standard in which studying (Std. 10 <sup>th</sup> /11 <sup>th</sup> / 12 <sup>th</sup> )	Year of Study (indicate the academic year)	Name of the school with full address
(1)	(2)	(3)	(4)	(5)	(6)

**Note:-** Certificate from the Head Master/Principal of the School to the effect that the daughter of the registered manual worker is studying the course, should be enclosed.

**6. Number of children for whom the assistance has already been availed from the Board:**

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing the assistance	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of  
the registered manual worker.

**DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date : Signature/Thumb impression of the registered manual worker.

\*Any false declaration/ certification will entail legal action .

### **CERTIFICATE\***

I hereby certify that the particulars furnished in the application are correct.

Place:

Date: Members, ..... Tamil Nadu .....  
Welfare Board /  
President/Secretary of the Registered. Trade Union  
of the Employment concerned/ / Assistant

Inspector

of Labour concerned /Any other officer permitted  
to give employment certificate.

\* Any false declaration/ certification will entail legal action ..

---

### **SANCTION**

I hereby sanction, after due verification, a sum of Rs...../- (Rupees.....only) to the claimant as educational assistance, in respect of Selvi..... daughter of Thiru/Tmt..... registered manual worker (Registration No.....).

**Office Seal:**

**Place** Labour Officer ( Social Security Scheme ) .....district  
**Date**

---

### **ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. .... registered manual worker  
(Registration No.....), claim application for sanction of educational assistance.

Labour Officer ( Social Security Scheme ) ..... district with date  
Name:

Office Seal : Designation: .”;

---

(23) for Form-XII, the following Form shall be substituted, namely:-

**“FORM-XII**  
**[See Clause 21(3)]**

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR HIGHER EDUCATION**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

3. Name of the registered manual worker.
4. a) Registration Number and date of initial registration  
(Original identity card should be enclosed).
- b) Date of last renewal, indicating the  
period upto which renewed
3. Address (in full) with PIN Code :
4. Details of family members of the registered  
manual worker :

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought :-

Sl. No.	Name	Date of Birth	Name of the course studying	Duration of the course	Name of the College/Institution with address in full
(1)	(2)	(3)	(4)	(5)	(6)



**Note:** - Certificate from the Principal of the College/Educational institution to the effect that the son or daughter of the registered manual worker is studying the course indicating whether a day scholar or hosteller should be enclosed in original.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Years of availing assistance Rs.	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/ Thumb impression of the registered manual worker.

**DECLARATION BY THE APPLICANT.\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefit by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date

Signature/Thumb impression of the registered manual worker.

---

\* Any false declaration/ certification will entail legal action .

---

**CERTIFICATE\***

I hereby certify that the above particulars are correct.

Place:

Date:

Members, ..... Tamil Nadu.....

Welfare Board /

President/Secretary of the Registered. Trade Union

of the Employment concerned/ / Assistant

Inspector

of Labour concerned /Any other officer permitted to give employment certificate.

---

\*Any false declaration/ certification will entail legal action ..

---

**SANCTION**

I hereby sanction, after due verification, a sum of Rs...../- (Rupees ..... only) towards educational assistance in respect of \*Selvi/\*Selvan .....(\*son /\*daughter) of \*Thiru/\*Tmt..... registered manual worker (Registration number.....).

Place:

Labour Officer, ( Social Security Scheme )  
..... district

Date

\* Strikeout whichever is not applicable

---

### **ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. .... registered manual worker (Registration No. .... ) claim application for sanction of educational assistance.

Labour Officer ( Social Security Scheme ) .....  
district with date

Name:

Office Seal :

Designation:

.”;

---

(24) for Form-XIII, the following Form shall be substituted, namely:-

**“FORM – XIII**  
**[See Clause 22(4)]**

### **APPLICATION FOR PAYMENT OF MARRIAGE ASSISTANCE**

To

The Labour Officer ( Social Security Scheme )  
.....district.

(9) Name of the registered manual worker.

(10) Registration Number and date of initial registration  
(Original identity card should be enclosed).

3. Address in full with PIN Code:

4. (a)Particulars of the members of the family of the registered  
manual worker :

<u>Sl No.</u>	<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Marital Status</u>
(1)	(2)	(3)	(4)	(5)

---

- 
- 
- (b) (i) Name of the person for whose marriage the assistance is sought for  
(ii) Relationship to the registered manual worker:  
(iii) Age in completed years on the date of marriage:
- (c) Names of the couple: (i) Bride  
(ii) Groom
- (d) Date and venue of the marriage  
(Marriage invitation to be enclosed in original) :
- (e) Has the marriage assistance been availed earlier from the Board?  
If so, furnish details:

Signature/Thumb impression of the  
registered manual worker.

**DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance for the marriage of self/daughter/son.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date :

Signature/Thumb impression of the  
registered manual worker.

\*Any false declaration/ certification will entail legal action ..

---

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date:

Members, ..... Tamil Nadu.....  
Welfare Board/

President/Secretary of the Regd. Trade Union of the  
Employment concerned// Assistant Inspector

of Labour concerned /Any other officer permitted  
to give employment certificate.

\*Any false declaration/ certification will entail legal action ..

**SANCTION**

I hereby sanction, after due verification, a sum of Rs...../- (Rupees ..... only)  
towards marriage assistance of the son / daughter / self of Thiru/Tmt....., registered  
manual worker of the Board (Registration number.....)

**Labour Officer ( Social Security Scheme )**  
..... district.

**A C K N O W L E D G E M E N T   S L I P**

Received from Thiru/Tmt. ....(Registration No. .... )  
.....claim application for  
sanction of marriage assistance.

**Labour Officer ( Social Security Scheme )..... district**  
**with date**

Office Seal :                      Name:                      Designation:                      .”;

(25) for Form-XIV, the following Form shall be substituted, namely:-

**“FORM – XIV**

**[See clause 23(3)]**

**APPLICATION FOR PAYMENT OF MATERNITY ASSISTANCE  
FOR PREGNANCY OR MISCARRIAGE OR TERMINATION OF PREGNANCY BY  
A REGISTERED FEMALE MANUAL WORKER**

To

**Labour Officer ( Social Security Scheme )**  
.....district

6. Name of the registered female manual worker :
7. (a) Registration Number and date of initial registration  
(Original Identity card should be enclosed).  
(b) Date of last renewal indicating the  
period upto which renewed
3. Address (in full) with PIN Code :
4. Particulars of surviving son/daughter of the registered  
female manual worker:

Sl. No.	Name	Sex	Date of Birth	Age
(1)	(2)	(3)	(4)	(5)

5. Month of Pregnancy\* on the date of claim application:

\*(Certificate from the Civil Assistant Surgeon of the Government Hospital in support of this should be enclosed in original)

6. Whether the claim is for pregnancy or miscarriage of pregnancy or termination of pregnancy?

If so details may be furnished. (Certificate from the Civil Assistant Surgeon of the Government Hospital to this effect should be obtained and sent in original)

7. Whether the assistance has already been

availed by the registered female manual worker?

If so, details may be furnished:

Signature/Thumb impression of the

registered manual worker.

#### **DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :

Signature/Thumb impression of the

registered female manual worker.

---

\*Any false declaration/ certification will entail legal action ..

---

**Note.-** (i) The Birth Certificate from the Registrar of Births of the area concerned should be obtained and sent in original for release of the assistance after the date of delivery.

(ii) In the event of untoward demise of the registered female manual worker after the 7<sup>th</sup> month of pregnancy either before delivery or three months after delivery, the fact should be reported to the Medical Officer of Primary Health Centre concerned and for Chennai district to the Health Officer concerned, immediately along with the Death Certificate in original, for sanction of Funeral Expenses (or) Natural death assistance as admissible under the Scheme.

---

#### **CERTIFICATE\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date:

Members, ..... Tamil Nadu.....

Welfare Board/

President/Secretary of the Regd. Trade Union of the

Employment concerned// Assistant Inspector

of Labour concerned /Any other officer permitted to give employment certificate.

\*Any false declaration/ certification will entail legal action ..

---

### **SANCTION**

I hereby sanction, after due verification, for the payment of assistance of Rs...../- (Rupees..... only) to Tmt.....registered female manual worker (Registration No.....) \*at the time of seventh month of pregnancy / \*on delivery of child / \*for miscarriage of pregnancy /\* termination of pregnancy (\* Strike out whichever is not applicable).

Office Seal:

Labour Officer (Social Security Scheme).....district

---

### **ACKNOWLEDGEMENT SLIP**

Received from Tmt. .... registered female manual worker (Registration Number.....) claim application for sanction of maternity assistance for \*pregnancy/\*miscarriage of pregnancy /\*termination of pregnancy in respect of the registered female manual worker .

\* Strikeout whichever is not applicable

Labour Officer (Social Security Scheme)  
.....district

Office Seal :

Name:  
Designation: .”;

---

(26) for Form-XV, the following Form shall be substituted, namely :-

#### **“FORM – XV**

**[See Clause 24(3)]**

#### **APPLICATION FOR REIMBURSEMENT OF COST ON PURCHASE OF SPECTACLES BY THE REGISTERED MANUAL WORKER**

To

The Labour Officer(Social Security Scheme)  
..... district.

3. Name of the registered manual worker.
4. (a) Registration Number and date of initial registration.  
(Original identity card should be enclosed).
- (b) Date of last renewal indicating the  
period upto which renewed
3. Address in full with PIN code:

4. Date of purchase of spectacles and its actual cost :  
5. Whether certificate issued by a registered  
Ophthalmist is enclosed in original? :  
6. Whether cash bill is enclosed in original? :

Signature/Thumb impression of the  
registered manual worker.

---

**DECLARATION BY THE APPLICANT\***

(i) I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount reimbursed towards purchase of spectacles for myself.

(ii) I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date : Signature/Thumb impression of the  
registered manual worker.

\*Any false declaration/ certification will entail legal action .

---

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date: Member ..... Tamil Nadu.....  
Welfare Board

President/Secretary of the Registered Trade Union of the  
Employment/ Assistant Inspector of Labour concerned

/Any

other officer permitted to give employment certificate.

\*Any false declaration/ certification will entail legal action .

**SANCTION**

I hereby sanction, after due verification, the reimbursement of a sum of Rs...../(Rupees ..... only) to Selvi/Thiru/Tmt....., towards the actual cost on purchase of spectacles for himself/herself.

Office Seal:

The Labour Officer(Social Security Scheme)  
..... district

---

**ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt./ Selvi ..... registered manual worker  
(Registration No.....) application for reimbursement of cost on purchase of spectacles for himself/herself.

The Labour Officer(Social Security Scheme)

..... district .....with  
date

Office Seal :

Name:  
Designation: .”.

—

**NOTIFICATION III.**



In exercise of the powers conferred by section 4 read with section 3 of the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 ( Tamil Nadu Act 33 of 1982), the Governor of Tamil Nadu, after consultation with the Advisory Committee, hereby makes the following amendments to the Tamil Nadu Auto Rickshaws and Taxi Drivers Social Security and Welfare Scheme, 2006.

2. The amendments hereby made shall come into force on the 31<sup>st</sup> day of October, 2008.

### **AMENDMENTS**

In the said Scheme, -

(1) in clause 9,-

(i) in sub-clause (1), after the expression “Board”, the expression “through the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

(ii) in sub-clause (2),-

(a) after the expression “such registration shall be made”, the expression “in duplicate to the Labour Officer ( Social Security Scheme ) of the respective district ” shall be inserted;

(b) after item (c), the following item shall be added, namely:-

“(d) Village Administrative Officer and for Chennai district, the Revenue Inspector.”;

(iii)for sub-clause (3), the following sub-clause shall be substituted, namely:-

“(3) (a) The registration of the name of the manual worker with the Board shall be made by the Labour Officer ( Social Security Scheme ) of the respective district after due verification by the respective Village Administrative Officer and for Chennai district, by the Revenue Inspector concerned;

(b) The registration under this clause is valid for a period of two years or until the registered manual worker attains the age of sixty years, whichever is earlier.”;

(iv) in sub-clauses (4) and (5), for the expression “Board or district or local office” wherever it occurs, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(v) in sub-clause (6), after item (c), the following item shall be added, namely:-

“(d) Where the nomination made is incomplete or becomes void, the assistance shall be released to the legal heirs of the deceased registered manual worker.”;

(2) in clause 10,-

(i) in sub-clauses (1) and (2), for the expression “Executive Officer”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(3) in clause 11, in sub-clause (4), after the expression “Board”, the expression “and the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

(4) in clause 14, in sub-clause (3), for the expression “Executive Officer or any other officer authorized in this behalf by the Board”, the expression “Labour Officer (Social Security Scheme )of the respective district after due verification” shall be substituted;

(5) in clause 15, for the expression “Chief Executive Officer or any other officer authorized by the Chief Executive Officer in this behalf”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(6) in clause 17,-

(i) in sub-clause (1), after the expression “Personal Accident Relief”, the following expression shall be added, namely:-

“and where the accident results in death, their nominees are eligible for Personal Accident Relief”;

(ii) in sub-clause (3),-

(a) in item (a), for the expression “Board” occurring in three places, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(b) in item (e), for the expression “Board or any other officer authorised in this behalf ”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(7) in clause 18,-

(i) in sub-clause (2), for the expression “Board” occurring in five places, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(ii) in sub-clause (3), for the expression “ Rs.300 (Rupees three hundred only)”, the expression “Rs.400 (Rupees four hundred only)” shall be substituted;

(8) in clause 19,-

(i) in sub-clause (1), for the expression “Secretary or any other officer authorised in this behalf by the Board”, the expression “Labour Officer ( Social Security Scheme) of the respective district after due verification” shall be substituted;

(ii) in sub-clause (2), the expression “by the Board” shall be omitted;

(9) in clause 20, in sub-clause (1), for the expression “Secretary or any other Officer authorised in this behalf by the Board” , the expression “Labour Officer ( Social Security Scheme ) of the respective district after due verification ” shall be substituted;

(10) in clause 21,-

(i) for sub-clause (1), the following sub-clause shall be substituted, namely:-

“(1) The assistance for the education of the children of a registered manual worker shall be sanctioned by the Labour Officer ( Social Security Scheme ) of the respective district after due verification as specified in the Table below:-

**THE TABLE**

Serial Number	Form	Course of Study	Day Scholar		Hosteller	
			Boys	Girls	Boys	Girls
			Rs.	Rs.	Rs.	Rs.
1	XII	10 <sup>th</sup> Std., Studying-Girl children only	---	1,000	---	---
2	XI	10 <sup>th</sup> Std., passed	1,000	1,000	---	---
3	XII	11 <sup>th</sup> Std., Studying-Girl children only	---	1,000	---	---
4	XII	12 <sup>th</sup> Std. Studying – Girl children only	---	1,500	---	---
5	XI	12 <sup>th</sup> Std. passed	1,500	1,500	---	---
6	XIII	Studying regular Bachelor Degree course (Every academic year)	1,500	1,500	1,750	1,750
7	XIII	Studying regular Post Graduate course ( Every academic year )	2,000	2,000	3,000	3,000

8	XIII	Studying regular Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses . ( Every academic year )	2,000	2,000	4,000	4,000
9	XIII	Studying regular Post Graduate Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses ( Every academic year )	4,000	4,000	6,000	6,000
10	XIII	Studying ITI or Polytechnic course (Every academic year)	1,000	1,000	1,200	1,200

.”;

(ii) for sub-clause (3), the following sub-clause shall be substituted, namely:-

“ (3) The application for assistances specified in serial numbers 2 and 5 in column (1) of the Table in sub-clause (1) submitted after passing of the course shall be in Form XI, the application for assistances specified in serial numbers 6 to 10 in column (1) of the said Table shall be in Form XIII to be submitted before completion or passing of the course and the application for assistances specified in serial numbers 1,3 and 4 shall be in Form XII to be submitted before completion or passing of the course.”;

- (11) in clause 22, in sub-clause (1), for the expression “Secretary or any other Officer authorised in this behalf by the Board, shall on an application from a registered manual worker,” the expression “Labour Officer ( Social Security Scheme ) of the respective district shall, on an application from a registered manual worker, after due verification,” shall be substituted;

in clause 23, for sub-clause (1), the following sub-clause shall be substituted, namely:-

(12)

“(1) The Labour Officer ( Social Security Scheme ) of the respective district shall on an application from a registered female manual worker shall, sanction the assistance as indicated below, after due verification of the proof produced by her of her pregnancy or delivery of child by her or the miscarriage of her pregnancy or the termination of pregnancy:-

(i) Pregnancy - Rs.6,000/-  
(Rs.3,000/- shall be paid on the seventh month of pregnancy and remaining Rs.3,000/- shall be paid on delivery of the child)

(ii) Miscarriage of pregnancy -Rs.3,000/-

(iii) Termination of pregnancy -Rs.3,000/-.”;

(13) in clause 24,-

(i) in sub-clause (1), for the expression “Secretary or any other officer authorised in this behalf by the Board, shall on an application in form XVI from a registered manual worker,” the expression “Labour Officer ( Social Security Scheme ) of the respective district shall on an application in form XVI from a registered manual worker, after due verification,” shall be substituted;

(ii)for sub-clause (2), the following sub-clause shall be substituted, namely:-

“(2) The assistance shall be restricted to 65 registered manual workers per year in each district on “First come – First serve” basis depending upon the applications received”.

(14) for Form I, the following Form shall be substituted, namely :-

**“FORM - I**  
[See clause 9(2)]

**APPLICATION FOR REGISTRATION**

To

The Labour Officer (Social Security Scheme)  
..... district.

Registration No.....

(to be filled in by the Registration Authority)

1. Name of the Worker :

2. Name of the Father/Husband :

3. Date of birth

(Enclose Xerox Copy of evidence Day Month Year  
in proof duly attested by a Group A or Group B officer)\*

4. Marital Status

(Whether married, unmarried, widow/widower) :

5. Permanent address :

6. Present address :

7. State whether self-employed or employed :

8. If employed, furnish the name and address  
of the establishment and also the name and  
address of the employer contractor :

9. Nature of work :

10. Number of years engaged in the employment  
as on the date of application :

11. Particulars of the members of the family

Affix  
Passport  
size  
photograph

Sl. No.	Name	Age	Relationship	Marital status
(1)	(2)	(3)	(4)	(5)

---

12. (a) Whether the wife/husband is employed ? :  
 (b) If so furnish details

13. Nomination for receipt of Natural Death/Accidental  
 Death Assistance :

Name and address * *of the nominee/nominees nominee	Nominee's Relationship with the worker	Age of the nominee	Percentage of paid to each
(1)	(2)	(3)	(4)

---

\* (i) Birth Certificate or (ii) School Certificate or (iii) Driving License or (iv) Ration Card or  
 (v) Voter's identity card or (vi) Certificate from Registered Medical Practitioner not below the  
 rank of Civil Surgeon of a Government Hospital in the prescribed format duly signed by the  
 worker.

\*\*Any false declaration / certification will entail legal action.

\*\* Nominees shall be Dependant Family Members.

Signature/Thumb impression of the manual worker  
**DECLARATION BY THE APPLICANT\*\*\***

I declare that I am not registered as a member in any other Manual Workers Welfare  
 Board or Boards constituted by the Government of Tamil Nadu or under any other Government  
 schemes.

Signature or left hand thumb impression of the manual worker.  
 (Left hand thumb impression to be attested by the Registration  
 Authority)

---

### **CERTIFICATE OF EMPLOYMENT\*\*\***

Certified that the particulars furnished by Thiru/Thirumathi/ Selvi.....,  
 regarding employment as a manual worker in the application for registration are true to the best  
 of my knowledge and belief.

Place:

**Date :**

Signature and name of the person /  
 Officer issuing the certificate

\*\*\*Any false declaration / certification will entail legal action

### **VERIFICATION CERTIFICATE**

After due verification it is certified that the application and the proof are found  
 correct and recommended for registration.

Place:

Village Administrative Officer /

Date:

Revenue Inspector (for Chennai district)

---

**Office Note:-**

Application and proof verified. The recommendation of the .....is accepted and the applicant is registered as member of the Tamil Nadu ..... Welfare Board. Application for membership rejected (In case of rejection, reason should be clearly mentioned).

**Labour Officer ( Social Security Scheme)**  
.....**District**

---

**ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....residing at  
..... application for registration as manual worker in the Tamil Nadu ..... Welfare Board.

Office Seal:

Labour Officer ( Social

Security Scheme )with date

Name :

Designation:

.”;

---

(15) in Form II,-

(i) under the heading “SCHEME ASSISTANCES OF THE BOARD”, in serial number 8, against the entry “Pension”, for the expression “300”, the expression “400” shall be substituted;

(ii)under the heading “GENERAL INSTRUCTIONS”,-

(a) for the expression “Assistant Inspector of Labour”, the expression “Labour Officer (Social Security Scheme ) of the respective district”, shall be substituted;

(b) for the expression “Board” occurring in three places, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(16) in FORM VII, for the expression “The Secretary,”, the expression “The Labour Officer (Social Security Scheme ) ,”shall be substituted;

(17) for FORM VIII, following Form shall be substituted, namely:-

**“FORM – VIII**  
**[See Clause 17(3)(b)]**

**APPLICATION FOR PAYMENT OF COMPENSATION FOR**  
**ACCIDENTAL DEATH/ DISABILITY**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

5.     (a)Name of the registered manual }  
              worker                         :  
              (b)Address (in full)  
              (on the date of death/ disability)                         :  
              (c) Age  
              (d) Registration number and date of  
                      initial registration   :  
              (e) Renewal date   :  
              (f) Occupation   :  
2.     (a)Area   :  
          (b)Place   :  
          (c)District   :  
3.     (a) Name of the nominee   :  
          (b) Relationship with the deceased registered manual worker  
              (in the case of accidental death only)  
          (c) Age of the nominee   :  
          (d) Address in full (with PIN)   :  
5.     Whether the claimant is the registered worker  
          himself (in the case of accidental  
          disability) or the nominee of the



- registered manual worker? :
5. Date and time of accident :
6. Place of accident :
- (a) at the work place :
- (b) outside the work place :
7. Whether intimation regarding accident has been given in Form VII as per clause 17 (3) (a)?
8. Whether the accident resulted in death/ loss of limb/loss of eye sight/partial injury?
9. In the case of accidental disability, a certificate :  
from a Civil Surgeon of the Government  
Hospital indicating the percentage of  
disability due to accident with details should be  
obtained and enclosed in original.

- 10 ( i) Date and time of death (in the case of accidental death) :
- (ii) Attested copy of First Information Report.  
from the Police Station nearer  
to the place of accident to be enclosed :
- (iii) Post-Mortem Certificate and final  
Investigation Report should be sent in original :
- (iv) Death Certificate (attested copy) should be  
enclosed :

registered

Signature/Thumb impression of the

death.

manual worker/nominee in case of

---

### **DECLARATION BY THE CLAIMANT\*\*.**

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for accidental death/disability. I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :

Signature of the registered manual worker /  
nominee in case of death.

\*\*Any false declaration / certification will entail legal action.

---

### **SANCTION**

I hereby sanction after due verification for the immediate payment of Rs...../- (Rupees ...only) towards accidental death/disability to Selvi/Thiru/Tmt. .... , nominee of the deceased worker/registered worker himself.

Place:

Labour Officer( Social Security Scheme )

Date:

.....District.

(Affix Rubber Stamp)

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. .... application for sanction of assistance towards accidental death/disability in respect of deceased registered manual worker Selvi/Thiru/Tmt. .... (Registration Number .....)/registered manual worker Selvi/Thiru/Tmt. ....(Registration Number .....).

Labour Officer ( Social Security Scheme ) .....  
dist. with date

Office Seal :

Name:

Designation: .” ;

(18) for Form-VIII-A, the following Form shall be substituted, namely:-

### **“FORM – IX** **[ See clause 18(2) ]**

### **APPLICATION FOR PENSION**

To

The Labour Officer( Social Security Scheme )  
..... district.

Passport Size  
photograph  
duly signed

1. Name of the Applicant : :
2. Address in full (to which pension is to be sent) (with PIN code) :
3. Registration number and date :  
(Original identity Card should be enclosed)
4. Age and date of completion of 60 years of age :
5. Date of completion of continuous period of five years as registered manual worker of the Board :
6. Whether the registration has been renewed regularly without any default? If so, details may be furnished :

Sl. No.	Date of initial registration/ subsequent renewal	Period of validity of registration/renewal	
		From	To
(1)	(2)	(3)	(4)

7. Whether in receipt of any other pension?  
If so, furnish complete details :

registered

Signature/Thumb impression of the

manual worker.

**DECLARATION\*\***

I hereby certify that the facts mentioned above are true to the best of my knowledge and information. I am not a registered manual worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place:

Signature/Thumb impression of the registered  
manual worker

Date:

Name :

\*\*Any false declaration / certification will entail legal action.:

Note : 1. Besides the photograph affixed above another passport size  
photograph should be enclosed with the application.  
2. Incomplete applications will not be considered.

---

**SANCTION**

I hereby sanction after due verification a monthly Pension of Rs...../- (Rupees only) with effect from..... The amount shall be sent by Money Order.

Place :

Labour Officer( Social Security Scheme )

Date :

.....District.

---

**ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....(Address in full) .....  
.....(Registration No. ....)  
application for sanction of pension.

Labour Officer ( Social Security Scheme ) with date

Name:

Office Seal :

Designation: . ” ;

(19) after FORM-IX, so substituted, the following Form shall be inserted, namely:-

**“FORM IX-A**  
**[ See clause 18(2) ]**

**APPLICATION FOR DISABILITY PENSION**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

Passport size  
photograph  
duly signed

1. Name of the Applicant :
2. Address in full (to which pension  
is to be sent) (with PIN code) :
3. Registration number and date :  
(Original identity card should be enclosed)
4. Age and date of completion of  
60 years of age :
5. Date of completion of continuous period of  
five years as registered manual worker of the Board :
6. Whether the registration has been renewed  
regularly without any default? If so,  
details may be furnished :

Sl. No.	Date of initial registration/ subsequent renewal	Period of validity of registration/renewal	
		From	To
(1)	(2)	(3)	(4)

7. Whether the applicant has become disabled  
due to sickness and incapacitated from normal  
work? (If so, a certificate by a Medical Officer  
not below the rank of Civil Surgeon of the Government

Hospital under his name and seal should be enclosed in original) :  
8. Whether in receipt of any other pension?  
If so, furnish complete details :

registered \_\_\_\_\_ Signature/Thumb impression of the  
manual worker

### **DECLARATION\*\***

I hereby declare that the facts mentioned above are true to the best of my knowledge and information. I am not a registered worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as disability pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place: \_\_\_\_\_ Signature/Thumb impression of the registered manual  
worker

Date: \_\_\_\_\_ Name :

\*\*Any false declaration / certification will entail legal action

---

Note : 1. Besides the photograph affixed above another passport size  
photograph should be enclosed with the application.  
2. Incomplete applications will not be considered.

---

### **SANCTION**

I hereby sanction after due verification a monthly pension of Rs...../-  
(Rupees..... only ) with effect from..... The amount shall be sent by  
Money Order.

Office Seal:

Place :

Date :

**Labour Officer ( Social Security Scheme )**

.....District.

---

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....(Address in full) .....  
.....(Registration No. ....)  
application for sanction of disability pension.

Labour Officer ( Social Security Scheme ) with date

Name:

Office Seal :

Designation: .” ;

—

(20) after Form-IX-A, so inserted, the following Form shall be inserted, namely:-

**“FORM – X**  
**[See Clauses 19(2) and 20(2)]**  
**APPLICATION FOR PAYMENT OF FUNERAL EXPENSES/**  
**NATURAL DEATH ASSISTANCE**

To

The Labour Officer ( Social Security Scheme )  
..... district.

1.Name of the Deceased Registered Manual Worker:

2.Address (in full at the time of Death):

3.Age (on the date of Death) :

4.Nature of work :

(vii) (a) Registration Number and date of initial registration.

(Original Identity card should be enclosed).

(b) Date of last renewal, indicating the

- period upto which renewed
6. (a) Place of death  
(b) Date of death  
(c) Cause of death (to be indicated clearly) :  
Avoid indicating as "Natural Death"  
(Death Certificate in original shall be enclosed):
7. (a) Name of the nominee :  
(b) Age of the nominee (in completed years):  
(c) Address of the nominee in full indicating PIN Code:  
(d) Relationship of the nominee with the deceased  
registered manual worker

of the \_\_\_\_\_ Signature/Thumb impression of the nominee  
registered manual worker

**DECLARATION OF THE NOMINEE\*\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for death/funeral expenses of the deceased manual worker.

I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date : \_\_\_\_\_ Signature/Thumb impression of the nominee of the  
registered manual worker

\*\*Any false declaration / certification will entail legal action.

**CERTIFICATE\*\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date: \_\_\_\_\_ Members, Tamil Nadu Auto Rickshaw and

Taxi

Drivers Welfare Board, President/Secretary of the

Regd.

Trade Union of the Employment concerned /  
Assistant Inspector of Labour concerned/ Any

other

officer permitted to give employment certificate.

\*\*Any false declaration / certification will entail legal action.

---

## **SANCTION**

1. I hereby sanction after due verification a sum of Rs. /- (Rupees only) as assistance to Thiru/Tmt/Selvi. ...., nominee / nominees for the funeral of Thiru/Thirumathi/Selvi ..... a registered manual worker.

2. I hereby sanction after due verification a sum of Rs. /-(Rupees only) as assistance to Thiru/Tmt/Selvi....., nominee/nominees on the natural death of Thiru/Thirumathi/Selvi .....a registered manual worker.

Office Seal:

Place :

**Labour Officer ( Social Security Scheme )**

**Date :**

.....**District.**

---

## **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....  
.....claim application for  
sanction of Funeral/Natural death assistance in respect of deceased registered manual worker  
Selvi/Thiru/Tmt. .... (Registration No. )

Labour Officer ( Social Security Scheme ) .....  
district with date

Name:

Office Seal :

Designation:

. ” ;

---

(21) for Form-XI, the following Form shall be substituted, namely:-

### **“FORM - XI** **[See clause 21 (3)]**

### **APPLICATION FOR EDUCATIONAL ASSISTANCE FOR PASS IN** **10<sup>TH</sup> STANDARD AND 12<sup>TH</sup> STANDARD EXAMINATION.**

To

The Labour Officer ( Social Security Scheme )  
..... district.

- 1.Name of the registered manual worker.
- 2.(a) Registration Number and date of initial registration.  
(Original Identity card should be enclosed).
- (b) Date of last renewal, indicating the  
period upto which renewed
3. Address (in full) with PIN Code :
4. Details of family members of the registered



manual worker: -

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5.Details of the son or daughter for whom educational assistance is sought for:-

Sl. No.	Name (Son/Daughter)	Date of Birth	Examination passed	Month and Year of Pass	Name of the School studied
(1)	(2)	(3)	(4)	(5)	(6)

**Note:-** Xerox copy of the Mark Sheet in support of having passed the Examination, duly attested by a Group A or Group B Officer should be enclosed.

6.Number of children for whom the educational assistance has already been availed from the  
Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing assistance	Amount of assistance (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker  
**DECLARATION BY THE APPLICANT\*\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance. I further declare that I have not availed similar assistance from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date : Signature/Thumb impression of the registered manual worker

\*\*Any false declaration / certification will entail legal action

**CERTIFICATE\*\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date: Members, Tamil Nadu Auto Rickshaw and

Taxi

Drivers Welfare Board, President/Secretary of the

Regd.

Trade Union of the Employment

concerned/Assistant

Inspector of Labour concerned/Any other

officer/agency

permitted to give employment certificate.

\*\*Any false declaration / certification will entail legal action.

## **SANCTION**

I hereby sanction after due verification a sum of Rs...../- (Rupees ..... only) as educational assistance, in respect of \*Selvan/Selvi..... \* son/\*daughter of \*Thiru/Tmt..... registered manual worker (Registration No..... ).

Office Seal:

Place:

Labour Officer ( Social Security Scheme )

Date

.....District

\* Strike out whichever is not applicable.

---

## **ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt./ Selvi/ ..... (Registration No.....) claim application for sanction of educational assistance .

Labour Officer ( Social Security Scheme ) ..... district with date

Name:

Office Seal :

Designation: .” ;

---

(22) for Form-XII, the following Form shall be substituted, namely:-

**“FORM - XII**  
**[See clause 21 (3)]**

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR GIRL CHILDREN**  
**STUDYING**  
**IN 10<sup>TH</sup> STANDARD/ 11<sup>TH</sup> STANDARD / 12<sup>TH</sup> STANDARD.**

To

The Labour Officer (Social Security Scheme)

..... district.

- (11) Name of the registered manual worker.
- (12) a) Registration Number and date of initial registration  
(Original identity card should be enclosed).
- b) Date of last renewal, indicating the  
period upto which renewed
3. Address (in full) with PIN Code :
4. Details of family members of the registered manual  
worker :

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the daughter for whom Educational Assistance is sought for:-

Sl. No.	Name	Date of Birth	Standard in which studying (Std. 10 <sup>th</sup> / 11 <sup>th</sup> / 12 <sup>th</sup> )	Year of Study (indicate the academic year)	Name of the school with full address
(1)	(2)	(3)	(4)	(5)	(6)

**Note:-** Certificate from the Head Master/Principal of the School to the effect that the daughter of the registered manual worker is studying the course, should be enclosed.

6. Number of children for whom the assistance has already been availed from the Board:

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing the assistance	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker

**DECLARATION BY THE APPLICANT\*\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or any other Government Schemes.

Place :

Date :

Signature/Thumb impression of the registered manual  
worker

\*\*Any false declaration / certification will entail legal action

### **CERTIFICATE\*\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date:

Taxi

Members, Tamil Nadu Auto Rickshaw and

Drivers Welfare Board, President/Secretary of the

Regd.

Trade Union of the Employment

concerned/Assistant

Inspector of Labour concerned

/Any other officer

permitted to give employment certificate.

\*\*Any false declaration / certification will entail legal action

---

### **SANCTION**

I hereby sanction after due verification a sum of Rs...../- (Rupees.....only) to the claimant as educational assistance, in respect of Selvi..... daughter of Thiru/Tmt..... registered manual worker..... (Registration No.....).

**Office Seal:**

**Place :**

**Labour Officer (Social Security Scheme)**

.....

**Date :**

**district with date**

---

### **ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. .... registered manual worker (Registration No.....), claim application for sanction of educational assistance.

Labour Officer ( Social Security Scheme )

..... district with date

Name:

Office Seal :

Designation:

” ;

---

(23) for Form-XIII, the following Form shall be substituted, namely:-

### **“FORM - XIII**

**[See clause 21 (3)]**

### **APPLICATION FOR EDUCATIONAL ASSISTANCE FOR HIGHER EDUCATION**

To

The Labour Officer (Social Security Scheme)

..... **district.**

Name of the registered manual worker.

a) Registration Number and date of initial registration  
(Original identity card should be enclosed).

b) Date of last renewal, indicating the  
period upto which renewed

3. Address (in full) with PIN Code :

4. Details of family members of the registered  
manual worker :

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought :-

Sl. No.	Name	Date of Birth	Name of the course studying	Duration of the course	Name of the College/Institution with address in full
(1)	(2)	(3)	(4)	(5)	(6)

**Note:** - Certificate from the Principal of the College/Educational institution to the effect that the son or daughter of the registered manual worker is studying the course indicating whether a day scholar or hosteller should be enclosed in original.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Years of availing assistance Rs.	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual  
worker.

**DECLARATION BY THE APPLICANT\*\*.**

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefit by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date  
worker.

Signature/Thumb impression of the registered manual

\*\*Any false declaration / certification will entail legal action

---

**CERTIFICATE\*\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date:

Taxi

Members, Tamil Nadu Auto Rickshaw and

Drivers Welfare Board, President/Secretary of the

Regd.

Trade Union of the Employment concerned

/Assistant

Inspector of Labour concerned

/Any other officer

permitted to give employment certificate.

\*\*Any false declaration / certification will entail legal action.

---

**SANCTION**

I hereby sanction after due verification for payment of Rs...../- (Rupees ...only) towards educational assistance in respect of \*Selvi/\*Selvan .....\*son /\*daughter of \*Thiru/\*Tmt..... registered manual worker (Registration number.....).

**Place:**

**Labour Officer ( Social Security Scheme )..... district  
with date**

**Date**

\* Strike out whichever is not applicable.

---

**ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. .... registered manual worker (Registration No. .... ) claim application for sanction of educational assistance.

Labour Officer ( Social Security Scheme ) with  
date . ” ;

Office Seal :

Name:

Designation:

---

(24) for Form-XIV, the following Form shall be substituted, namely:-

**FORM XIV**  
**[See clause 22(4)]**

**APPLICATION FOR PAYMENT OF MARRIAGE ASSISTANCE**

To  
The Labour Officer ( Social Security Scheme )  
.....district.

4. Name of the registered manual worker.
5. Registration Number and date of initial registration  
(Original identity card should be enclosed).
3. Address in full with PIN Code:
4. (a)Particulars of the members of the family of the registered manual worker :

Sl No.	Name	Relationship	Age	Marital Status
(1)	(2)	(3)	(4)	(5)

(b) (i) Name of the person for whose marriage the assistance is sought for  
(ii) Relationship to the registered manual worker:  
(iii) Age in completed years on the date of marriage:

(c) Names of the couple: (i) Bride  
(ii) Groom

(d) Date and venue of the marriage  
(Marriage invitation to be enclosed in original) :

(e) Has the marriage assistance been availed earlier from the Board?  
If so, furnish details:

Signature/Thumb impression of the registered manual  
worker.

**DECLARATION BY THE APPLICANT\*\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance for the marriage of Self/Daughter/Son.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or any other Government Schemes.

Place :

Date :

worker.

Signature/Thumb impression of the registered manual

\*\*Any false declaration / certification will entail legal action.

---

**CERTIFICATE\*\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date:

Taxi

Members, Tamil Nadu Auto Rickshaw and

Drivers Welfare Board, President/Secretary of the

Regd.

Trade Union of the Employment concerned

/Assistant

Inspector of Labour concerned

/Any other officer/

permitted to give employment certificate.

\*\*Any false declaration / certification will entail legal action.

---

### **SANCTION**

I hereby sanction after due verification for payment of Rs...../- (Rupees ..... only) towards marriage assistance of the son / daughter / self of Thiru/Tmt....., registered manual worker of the Board (Registration number.....)

Office Seal:

**Labour Officer ( Social Security Scheme )**

..... **District.**

---

### **ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. ....(Registration. No. .... )  
.....claim application for  
sanction of marriage assistance.

Signature of the Labour Officer

( Social Security Scheme ) .... district with

date

Name:

Office Seal :

Designation:

. ” ;

---



(25) for Form-XV, the following Form shall be substituted, namely:-

**“FORM - XV**  
**[See clause 23(3)]**  
**APPLICATION FOR PAYMENT OF MATERNITY ASSISTANCE FOR PREGNANCY**  
**OR MISCARRIAGE OR TERMINATION OF PREGNANCY BY A REGISTERED**  
**FEMALE MANUAL WORKER**

To  
The  
Labour Officer ( Social Security Scheme )  
..... district

8. Name of the registered female manual worker :
9. (a) Registration Number and date of initial registration  
(Original Identity card should be enclosed).  
(b) Date of last renewal indicating the  
period upto which renewed
3. Address (in full) with PIN Code :
4. Particulars of surviving son/daughter of the registered  
female manual worker:

Sl. No.	Name	Sex	Date of Birth	Age
(1)	(2)	(3)	(4)	(5)

6. Month of pregnancy\* on the date of claim application:  
\*(Certificate from the Civil Assistant Surgeon of the Government Hospital in  
support of this should be enclosed in original)
7. Whether the claim is for pregnancy or miscarriage of  
pregnancy or termination of pregnancy?  
If so details may be furnished. (Certificate  
from the Civil Assistant Surgeon of the Government  
Hospital to this effect should be obtained  
and sent in original)
8. Whether the assistance has already been  
availed by the registered female manual worker?  
If so, details may be furnished:

Signature/Thumb impression of the registered manual worker.

**DECLARATION BY THE APPLICANT\*\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date : Signature/Thumb impression of the registered manual worker.

---

**\*\*Any false declaration / certification will entail legal action.**

**Note:-** (i) The Birth Certificate from the Registrar of Births of the area concerned should be obtained and sent in original for release of the assistance after the date of delivery.

(ii) In the event of untoward demise of the registered female manual worker after the 7<sup>th</sup> month of pregnancy either before delivery or three months after delivery, the fact should be reported to the Medical Officer of Primary Health Centre concerned and for Chennai district to the Health Officer concerned, immediately along with the Death Certificate in original, for sanction of Funeral Expenses (or) Natural death assistance as admissible under the Scheme.

---

**CERTIFICATE\*\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date: Members, Tamil Nadu Auto Rickshaw and  
Taxi

Drivers Welfare Board, President/Secretary of the

Regd.

Trade Union of the Employment concerned

/Assistant

Inspector of Labour concerned

/Any other officer

permitted to give employment certificate.

---

**\*\*Any false declaration / certification will entail legal action.**

**SANCTION**

Sanction is hereby accorded for the payment of assistance of Rs...../- (Rupees..... only) to Tmt..... (Registration No.....) \*at the time of seventh month of pregnancy / \*on delivery of child / \*for miscarriage of pregnancy /\* termination of pregnancy (\* Strike out whichever is not applicable)

Office Seal:

Labour Officer ( Social Security Scheme ) ..... district

---

**ACKNOWLEDGEMENT SLIP**

Received from Tmt. ....claim application for  
sanction of maternity assistance for pregnancy/miscarriage of pregnancy / termination of  
pregnancy in respect of the registered female manual worker .

Labour Officer ( Social Security Scheme ) .....  
district

with date

Name:

Office Seal :

Designation: .” ;

---

**“FORM - XVI**  
**[See clause 24(1)]**

**APPLICATION FOR REIMBURSEMENT OF COST ON**  
**PURCHASE OF SPECTACLES BY THE REGISTERED MANUAL WORKER**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

- (v) Name of the registered manual worker.
- (vi)(a) Registration Number and date of initial registration.  
(Original identity card should be enclosed).
- (b) Date of last renewal indicating the  
period upto which renewed
- 3. Address in full with PIN code:
- 4. Date of purchase of spectacles and its actual cost :
- 5. Whether certificate issued by a registered  
Ophthalmist is enclosed in original? :
- 6. Whether cash bill is enclosed in original? :

Signature/Thumb impression of the registered manual worker.

**DECLARATION BY THE APPLICANT\*\***

(i) I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount reimbursed towards purchase of spectacles for myself.

(ii) I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :

Signature/Thumb impression of the registered manual

worker.

---

\*\*Any false declaration / certification will entail legal action.

**CERTIFICATE\*\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date:  
Taxi

Regd.

/Assistant  
/Any other officer

Members, Tamil Nadu Auto Rickshaw and  
Drivers Welfare Board, President/Secretary of the

Trade Union of the Employment concerned  
Inspector of Labour concerned  
permitted to give employment certificate.

**\*\*Any false declaration / certification will entail legal action.**

---

### **SANCTION**

I hereby sanction after due verification the reimbursement of a sum of Rs...../(Rupees  
...  
only) to Selvi/Thiru/Tmt....., towards the actual cost on purchase of spectacles for  
himself/herself.

The Labour Officer ( Social Security Scheme )  
..... District

---

### **ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt./ Selvi ..... registered manual worker  
(Registration No.....) application for reimbursement of cost on purchase of spectacles  
for himself/herself

Labour Officer ( Social Security Scheme ) .....  
district with date

Office Seal :

Name:  
Designation: .” ;

---

\*\*\*\*\*

#### **NOTIFICATION IV.**

In exercise of the powers conferred by section 4 read with section 3 of the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 (Tamil Nadu Act 33 of 1982), the Governor of Tamil Nadu, after consultation with the Advisory Committee, hereby makes the following amendments to the Tamil Nadu Domestic Workers Social Security and Welfare Scheme, 2007.

2. The amendments hereby made shall come into force on the 31<sup>st</sup> day of October, 2008.

#### **AMENDMENTS**

In the said Scheme, -

(1) in clause 8,-

(i) in sub-clause (1), after the expression “Board”, the expression “through the Labour Officer (Social Security Scheme) of the respective district” shall be inserted;

(ii) in sub-clause (2),-

(a) after the expression “such registration shall be made”, the expression “in duplicate to the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

(b) after item (c), the following item shall be added, namely:-

“(d) Village Administrative Officer and for Chennai district, Revenue Inspector concerned.” ;

(iii) for sub-clause (3), the following sub-clause shall be substituted, namely:-

“(3) (a) The registration of the name of the manual worker with the Board shall be made by the Labour Officer ( Social Security Scheme ) of the respective district after due verification by the respective Village Administrative Officer and for Chennai district, by the Revenue Inspector concerned.

(b) The registration under this clause is valid for a period of two years or until the registered manual workers attains the age of sixty years, whichever is earlier.”;

(iv) in sub-clauses (4) and (5), for the expression “Board” wherever it occurs, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(v) in sub-clause (6), after item (c), the following item shall be added, namely:-

“(d) Where the nomination made is incomplete or becomes void, the assistance shall be released to the legal heirs of the deceased registered manual worker.”;

(2) in clause 9, for the expression “The Assistant Inspectors of Labour concerned”, the expression “The Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(3) in clause 11, in sub-clause (4), after the expression “Board”, the expression “and the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

(4) in clause 14,-

(i) in sub-clause (3), the expression “or any other officer authorized in this behalf by the Board” shall be omitted;

(ii) in sub-clause (4), for the expression “sub-clause (4)”, the expression “sub-clause (3)” shall be substituted;

(5) in clause 15, for the expression “Secretary or any other officer authorized by him in this behalf”, the expression “Labour Officer ( Social Security Scheme) of the respective district” shall be substituted;

(6) in clause 17,-

(i) in sub- clause (1), after the expression “ Personal Accident relief ”, the following expression shall be added, namely :-

“and where the accident results in death, their nominees are eligible for Personal Accident Relief”;

(ii) in sub-clause (3),-

(a) in item (a), for the expression “ Board ” occurring in three places, the expression “Labour officer ( Social Security Scheme) of the respective district” shall be substituted;

(b) in item (e), for the expression “The Board or any other officer authorised in this behalf ”, the expression “Labour officer ( Social Security Scheme) of the respective district” shall be substituted;

(7) in clause 18,-

in sub-clause (2), for the expression “Board” occurring in five places, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

- (ii) in sub-clause (3), for the expression “ Rs.300 (Rupees three hundred only)”, the expression “Rs.400 (Rupees four hundred only)” shall be substituted;
- (8) in clause 19,-
- (i) in sub-clause (1), for the expression “Secretary or any other officer authorized in this behalf by the Board”, the expression “Labour officer ( Social Security Scheme) of the respective district after due verification” shall be substituted;
- (ii) in sub-clause (2), the expression “by the Board” shall be omitted;
- (9) in clause 20, in sub-clause (1), for the expression “Secretary or any other officer authorized in this behalf by the Board” , the expression “Labour Officer ( Social Security Scheme) of the respective district after due verification” shall be substituted;
- (10) in clause 21,-
- (13) for sub-clause (1), the following sub-clause shall be substituted, namely:-
- “(1) The assistance for the education of the children of a registered manual worker shall be sanctioned by the Labour Officer ( Social Security Scheme ) of the respective district after due verification as specified in the Table below :-

**THE TABLE**

Serial Number	Form	Course of Study	Day Scholar		Hosteller	
			Boys	Girls	Boys	Girls
			Rs.	Rs.	Rs.	Rs.
1	XI	10 <sup>th</sup> Std., Studying-Girl children only	---	1,000	---	---
2	X	10 <sup>th</sup> Std., passed	1,000	1,000	---	---
3	XI	11 <sup>th</sup> Std., Studying-Girl children only	---	1,000	---	---
4	XI	12 <sup>th</sup> Std. Studying – Girl children only	---	1,500	---	---
5	X	12 <sup>th</sup> Std. passed	1,500	1,500	---	---
6	XII	Studying regular Bachelor Degree course (Every academic year)	1,500	1,500	1,750	1,750
7	XII	Studying regular Post Graduate course ( Every academic year )	2,000	2,000	3,000	3,000



8	XII	Studying regular Professional Course in Law, Engineering, Medicine, Veterinary, Science and allied courses . ( Every academic year )	2,000	2,000	4,000	4,000
9	XII	Studying regular Post Graduate Professional Course in Law, Engineering, Medicine, Veterinary, Science and allied courses ( Every academic year )	4,000	4,000	6,000	6,000
10	XII	Studying ITI or Polytechnic course (Every academic year)	1,000	1,000	1,200	1,200

”;

- for sub-clause (3), the following sub-clause shall be substituted, namely:-

“(3) The application for assistances specified in serial numbers 2 and 5 in column (v) of the Table in sub-clause (1) shall be submitted after passing of the course in Form X, the application for assistances specified in serial numbers 6 to 10 in column (1) of the said Table shall be in Form XII to be submitted before completion and passing of the course and the application for assistances specified in serial numbers 1,3 and 4 shall be in Form XI to be submitted before completion and passing of the course.”;

- (11) in clause 22, in sub-clause (1), for the expression “The Secretary or any other Officer authorized in this behalf by the Board, shall on an application from a registered manual worker,” the expression “The Labour Officer (Social Security Scheme) of the respective district shall, on an application from a registered manual worker, after due verification,” shall be substituted;
- (12) in clause 23, for sub-clause (1), the following sub-clause shall be substituted, namely:-

“(1) The Labour officer (Social Security Scheme) of the respective district shall, on an application from a registered female manual worker shall sanction the assistance as indicated below, after due verification of the proof produced by her of her pregnancy or delivery of child by her or the miscarriage of her pregnancy or the termination of pregnancy:-

(i) Pregnancy - Rs.6,000/-  
(Rs.3,000/- shall be paid on the seventh month of pregnancy and remaining Rs.3,000/- shall be paid on delivery of the child)

(ii) Miscarriage of pregnancy -Rs.3,000/-

(iii) Termination of pregnancy-Rs.3,000/-.”;

(13)

in clause 24,-

(i) in sub-clause (1), for the expression “The Secretary or any other officer authorized in this behalf by the Board, shall on an application from a registered manual worker,” the expression “The Labour Officer ( Social Security Scheme) of the respective district shall, on an application from a registered manual worker, after due verification,” shall be substituted;

(ii)for sub-clause (2), the following sub-clause shall be substituted, namely:-

“(2) The assistance shall be restricted to 65 registered manual workers per year in each district on “First come – First serve” basis depending upon the application received.”;

(14) for Form I, the following Form shall be substituted, namely :-

**“FORM – I**  
**[See Clause 8(2)]**  
**APPLICATION FOR REGISTRATION**

To  
The Labour Officer (Social Security Scheme)  
..... district.

Registration No.....  
(to be filled in by the Registration Authority)

Affix  
Passport  
size  
photograph

1. Name of the Worker :  
2. Name of the Father/Husband :  
3. Date of birth

(Enclose Xerox Copy of evidence                      Day              Month              Year  
in proof duly attested by a Group A  
or Group B Officer)\*

4. Marital Status

(Whether married, unmarried, widow/widower) :

5. Permanent address :

6. Present address :

7. State whether self-employed or employed :

8. If employed, furnish the name and address  
of the establishment and also the name and  
address of the employer/contractor :

9. Nature of work :

10. Number of years engaged in the employment  
as on the date of application :

11. Particulars of the members of the family

Sl. No.	Name	Age	Relationship	Marital status
(1)	(2)	(3)	(4)	(5)

12. (a) Whether the wife/husband is employed ? :

(b) If so furnish details

13. Nomination for receipt of Natural Death/Accidental

Death Assistance :

Name and address \*\* of Nominee's Relationship      Age of the      Percentage of amount to  
be

the nominee/nominees      with the worker      nominee      paid to each  
nominee

(1)      (2)      (3)      (4)

\*\* Nominees shall be dependent Family Members.

of the      Signature/Thumb impression

registered manual worker.

**DECLARATION BY THE APPLICANT\*\*.**

I declare that I am not registered as a member in any other Manual Workers Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Signature or left hand thumb impression of the manual worker.  
(Left hand thumb impression to be attested by the Registration  
Authority)

\* i) Birth Certificate or ii) School Certificate or iii) Driving License or iv) Ration Card or  
v) Voter's identity card or vi) Certificate from Registered Medical Practitioner not below the  
rank of

Civil Surgeon of a Government Hospital in the prescribed format duly signed by the worker.

**\*\*Any false declaration / certification will entail legal action.**

---

**CERTIFICATE OF EMPLOYMENT\*\*.**

Certified that the particulars furnished by Thiru/Thirumathi/ Selvi....., regarding employment as a manual worker in the application for registration are true to the best of my knowledge and belief.

Place:

Date :

Signature and name of the person /  
Officer issuing the certificate

**\*\*Any false declaration / certification will entail legal action.**

**VERIFICATION CERTIFICATE.**

After due verification it is certified that the application and proof are found correct and recommended for registration.

Place:

Date:

Village Administrative Officer /  
Revenue Inspector (for Chennai district)

---

**Office Note:-**

Application and proof verified. The recommendation of the .....is accepted and the applicant is registered as member of the Tamil Nadu ..... Welfare Board . Application for membership rejected (In case of rejection, reason should be clearly mentioned).

**Labour Officer ( Social Security Scheme)**  
.....district

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**ACKNOWLEDGEMENT SLIP.**

Received from Selvi/Thiru/Tmt. ....residing at ..... application for registration as manual worker in the Tamil Nadu ..... Welfare Board.

Office Seal:

).....

Labour Officer ( Social Security Scheme

district with date

Name :

Designation:

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(15) in Form II,-

(i) under the heading “SCHEME ASSISTANCES OF THE BOARD”, in serial number 8, against the entry “Pension”, for the expression “300”, the expression “400” shall be substituted;

(ii) under the heading “GENERAL INSTRUCTIONS”,-

(a) for the expression “Assistant Inspector of Labour”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(b) for the expression “Board” occurring in three places, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(iii) under the heading “Details of Scheme Assistance provided to the worker”, in the Table, for the expression “Name of the Beneficiary”, the expression “Name of the person” shall be substituted;

(16) in FORM VI, for the expression “The Secretary,Tamil Nadu Domestic Workers Welfare Board, Chennai.”, the expression “ The Labour Officer (Social Security Scheme) .....district.” shall be substituted;

(17) for FORM VII, the following Form shall be substituted, namely.-

**“FORM – VII**  
**[See Clause 17(3)(b)]**

**APPLICATION FOR PAYMENT OF COMPENSATION FOR**  
**ACCIDENTAL DEATH/ DISABILITY**

To  
The Labour Officer (Social Security Scheme),  
..... district.

6. (a) Name of the registered manual worker } :  
(b) Address (in full) :  
(on the date of death/ disability) :

- (c) Age
- (d) Registration number and date of initial registration :
- (e) Renewal date :
- (f) Occupation :
- 2. (a)Area :
- (b)Place :
- (c)District :
- 3. (a) Name of the nominee :
- (b) Relationship with the deceased registered manual worker (in the case of accidental death only)
- (c) Age of the nominee :
- 4. Whether the claimant is the registered worker himself (in the case of accidental disability) or the nominee of the registered manual worker? :
- 5. Date and time of accident :
- 6. Place of accident :
- (a) at the work place :
- (b) outside the work place :
- 7. Whether intimation regarding accident has been given in Form VI as per clause 17 (3) (a)?
- 8. Whether the accident resulted in death/ loss of limb/loss of eye sight/partial injury?
- 9. In the case of accidental disability, a certificate from a Civil Surgeon of the Government Hospital indicating the percentage of disability due to accident with details should be obtained and enclosed in original.  
:
- 10 ( i) Date and time of death (in the case of accidental death) :
- (ii) Attested copy of First Information Report from the Police Station nearer to the place of accident to be enclosed :
- (iii) Post-Mortem Certificate and final Investigation Report should be sent in original :
- (iv) Death Certificate (attested copy) should be enclosed :

Signature/Thumb impression of the  
registered manual worker/  
nominee in case of death.

### **DECLARATION BY THE CLAIMANT\*\*.**

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I

hereby agree to refund in full the amount received as assistance for accidental death/disability. I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :

Signature/Thumb impression of the registered manual  
worker/  
nominee in case of death.

**\*\*Any false declaration / certification will entail legal action.**

**SANCTION.**

I hereby sanction after due to verification for the immediate payment of Rs...../- (Rupees ...only) towards accidental death/disability to Selvi/Thiru/Tmt. .... nominee of the deceased worker/registered worker himself.

Office Seal:

Place:

Date:

Labour Officer (Social Security Scheme)  
.....district.

**(Affix Rubber Stamp)**

## **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. .... application for sanction of assistance towards accidental death/disability in respect of deceased registered manual worker Selvi/Thiru/Tmt. .... (Registration Number )/registered manual worker Selvi/Thiru/Tmt. ....(Registration Number ).

Labour Officer (Social Security Scheme) .....  
district with date

Name:

Office Seal :

Designation: .” ;

(18) for Form-VIII, the following Form shall be substituted, namely:-

**“FORM VIII**  
**[See Clause 18(2)]**  
**APPLICATION FOR PENSION**

To  
The Labour Officer (Social Security Scheme),  
..... district.

Passport Size  
photograph  
duly signed

1. Name of the Applicant :
2. Address in full (to which pension is to be sent) (with PIN code) :
3. Registration number and date :  
(Original identity Card should be enclosed)
4. Age and date of completion of 60 years of age :
5. Date of completion of continuous period of five years as registered manual worker of the Board :
6. Whether the registration has been renewed regularly without any default? If so, details may be furnished :

Sl. No.	Date of initial registration/ subsequent renewal	Period of validity of registration/renewal	
		From	To
(1)	(2)	(3)	(4)

7. Whether in receipt of any other pension?  
If so, furnish complete details :

Signature/Thumb impression  
of the  
registered manual worker.



### **DECLARATION\*\***

I hereby certify that the facts mentioned above are true to the best of my knowledge and information. I am not a registered manual worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place: \_\_\_\_\_ Signature/Thumb impression of the  
registered manual worker.

Date: \_\_\_\_\_ Name :

\*\*Any false declaration / certification will entail legal action.

Note : 1. Besides the photograph affixed above another passport size  
photograph should be enclosed with the application.  
2. Incomplete applications will not be considered.

### **SANCTION**

I hereby sanction after due verification a monthly Pension of Rs...../-  
(Rupees.....only) with effect from..... The amount shall be sent by  
Money Order.

Office Seal:

Place : \_\_\_\_\_ **Labour Officer (Social Security Scheme)**  
**Date : .....District.**

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....(Address in full) .....  
.....(Registration No. ....)  
application for sanction of pension.

Labour Officer (Social Security Scheme)..... district with date

Name:

Office Seal :

Designation: .” ;

(19) for Form-VIII-A, the following Form shall be substituted, namely:-

**“FORM VIII-A**  
**[See Clause 18(2)]**  
**APPLICATION FOR DISABILITY PENSION**

To  
The Labour Officer (Social Security Scheme),  
..... district.

Passport size  
photograph  
duly signed

1. Name of the Applicant :
2. Address in full (to which pension  
is to be sent) (with PIN code) :
3. Registration number and date :  
(Original identity card should be enclosed)
4. Age and date of completion of  
60 years of age :
5. Date of completion of continuous period of  
five years as registered manual worker of the Board :
6. Whether the registration has been renewed  
regularly without any default? If so,  
details may be furnished :

Sl. No.	Date of initial registration/ subsequent renewal	Period of validity of registration/renewal	
		From	To
(1)	(2)	(3)	(4)

7. Whether the applicant has become disabled  
due to sickness and incapacitated from normal  
work? (If so, a certificate by a Medical Officer  
not below the rank of Civil Surgeon of the Government  
Hospital under his name and seal should be  
enclosed in original) :
8. Whether in receipt of any other pension?  
If so, furnish complete details :

Signature/Thumb impression  
of the

registered manual worker.

**DECLARATION\*\***

I hereby declare that the facts mentioned above are true to the best of my knowledge and information. I am not a registered worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as disability pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place: \_\_\_\_\_ Signature/Thumb impression of the  
registered manual worker.

Date: \_\_\_\_\_ Name : \_\_\_\_\_

**\*\*Any false declaration / certification will entail legal action.**

Note : 1. Besides the photograph affixed above another passport size  
photograph should be enclosed with the application.  
2. Incomplete applications will not be considered.

### **SANCTION**

I hereby sanction after due verification a monthly pension of Rs. ..../-  
(Rupees.....  
only) with effect from..... The amount shall be sent by Money Order.

Office Seal:

Place : **Labour Officer (Social Security Scheme)**  
Date : .....**District.**

---

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....(Address in full) .....  
.....(Registration No. ....)  
application for sanction of disability pension.

Labour Officer (Social Security Scheme) ..... district with date  
Name:

Office Seal : Designation: .” ;

---

(20) for Form-IX, the following Form shall be substituted, namely:-

**“FORM – IX**  
**[See Clause 19(2) and 20(2)]**  
**APPLICATION FOR PAYMENT OF FUNERAL EXPENSES/**  
**NATURAL DEATH ASSISTANCE**

To  
The Labour Officer (Social Security Scheme)  
..... district.

5. Name of the Deceased Registered Manual Worker:
6. Address (in full at the time of Death):
7. Age (on the date of Death) :
8. Nature of work :
9. (a) Registration Number and date of initial registration.  
(Original Identity card should be enclosed).  
(b) Date of last renewal, indicating the  
period upto which renewed
6. (a) Place of death  
(b) Date of death  
(c) Cause of death (to be indicated clearly) :  
Avoid indicating as “Natural Death”  
(Death Certificate in original shall be enclosed):
7. (a) Name of the nominee :  
(b) Age on the nominee (in completed years):  
(c) Address of the nominee in full indicating PIN Code:  
(d) Relationship of the nominee with the deceased  
registered manual worker

Signature/Thumb impression

of the  
  
nominee of the registered manual  
worker.

**DECLARATION OF THE NOMINEE\*\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for death/funeral expenses of the deceased manual worker.

I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :

the

Signature/Left Thumb impression of

nominee of the registered manual  
worker.

\*\*Any false declaration / certification will entail legal action.

### **CERTIFICATE\*\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date:

Members, Tamil Nadu Domestic Workers  
Welfare Board, President/Secretary of the Regd.

Trade

Union of the Employment concerned / Assistant  
Inspector of Labour concerned / Any other  
officer  
permitted to give employment certificate.

\*\*Any false declaration / certification will entail legal action.

### **SANCTION**

1. I hereby sanction after due verification a sum of Rs. /- (Rupees only) as assistance to Thiru/Tmt/Selvi. ...., nominee / nominees for the funeral of Thiru/Thirumathi/Selvi ..... a registered manual worker.

2. I hereby sanction after due verification a sum of Rs. /-(Rupees only) as assistance to Thiru/Tmt/Selvi....., nominee/nominees on the natural death of Thiru/Thirumathi/Selvi .....a registered manual worker.

Place :

Labour Officer (Social Security Scheme)

Date :

.....District.

---

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....  
.....claim application for  
sanction of Funeral/Natural death assistance in respect of deceased registered manual worker  
Selvi/Thiru/Tmt. .... (Registration No. )

Labour Officer (Social Security Scheme).....  
district

with date

Name:

Office Seal :

Designation:

.” ;

---

(21) for Form-X, the following Form shall be substituted, namely:-

**“FORM-X**  
**[See Clause 21(3)]**

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR PASS IN**  
**10<sup>TH</sup> STANDARD AND 12<sup>TH</sup> STANDARD EXAMINATION.**

To  
The Labour Officer (Social Security Scheme)  
..... district.

5. Name of the registered manual worker.
6. (a) Registration Number and date of initial registration.  
(Original Identity card should be enclosed).  
(b) Date of last renewal, indicating the  
period upto which renewed
3. Address (in full) with PIN Code :

4. Details of family members of the registered  
manual worker: -

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought for:-

Sl. No.	Name (Son/Daughter)	Date of Birth	Examination passed	Month and Year of Pass	Name of the School studied
(1)	(2)	(3)	(4)	(5)	(6)

**Note:-** Xerox copy of the Mark Sheet in support of having passed the Examination, duly attested by a Group A or Group B Officer should be enclosed.

6. Number of children for whom the educational assistance has already been availed from  
the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing assistance	Amount of assistance (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)

of the

Signature/Thumb impression  
registered manual worker

**DECLARATION BY THE APPLICANT\*\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance. I further declare that I have not availed similar assistance from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :

of the

Signature/Thumb impression

registered manual worker.

\*\*Any false declaration / certification will entail legal action.

### **CERTIFICATE\*\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date:

Trade

Members, Tamil Nadu Domestic Workers  
Welfare Board, President/Secretary of the Regd.

Union of the Employment concerned / Assistant  
Inspector of Labour concerned / Any other  
officer

permitted to give employment certificate.

\*\*Any false declaration / certification will entail legal action.

### **SANCTION**

I hereby sanction a sum of Rs...../- (Rupees ..... only) as educational assistance, in respect of \*Selvan/Selvi..... \* son/\*daughter of \*Thiru/Tmt..... registered manual worker (Registration No..... ).

Office Seal:

Place:

Scheme)

Date

Labour Officer (Social Security

..... District

\* Strike out whichever is not applicable.

### **ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt./ Selvi/ ..... (Registration No.....) claim application for sanction of educational assistance .

Labour Officer (Social Security Scheme) .....  
district with date Name:

Office Seal :

Designation: ”;

(22) for Form-XI, the following Form shall be substituted, namely:-

**“FORM-XI**  
**[See Clause 21(3)]**

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR GIRL CHILDREN**  
**STUDYING**  
**IN 10<sup>TH</sup> STANDARD/ 11<sup>TH</sup> STANDARD / 12<sup>TH</sup> STANDARD.**

To  
The Labour Officer (Social Security Scheme)  
..... district.

6. Name of the registered manual worker.
7. a) Registration Number and date of initial registration  
(Original identity card should be enclosed).  
b) Date of last renewal, indicating the  
period upto which renewed
3. Address (in full) with PIN Code :
4. Details of family members of the registered manual  
worker :

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the daughter for whom Educational Assistance is sought for:-

Sl. No.	Name	Date of Birth	Standard in which studying (Std. 10 <sup>th</sup> /11 <sup>th</sup> / 12 <sup>th</sup> )	Year of Study (indicate the academic year)	Name of the school with full address
(1)	(2)	(3)	(4)	(5)	(6)

**Note:-** Certificate from the Head Master/Principal of the School to the effect that the daughter of the registered manual worker is studying the course, should be enclosed.

6. Number of children for whom the assistance has already been availed from the Board:

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing the assistance	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

impression of the

Signature/Thumb  
registered manual  
worker.



**DECLARATION BY THE APPLICANT\*\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date :  
the

Signature/Thumb impression of

registered manual worker.

**\*\*Any false declaration / certification will entail legal action.**

---

**CERTIFICATE\*\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date:

Trade

Members, Tamil Nadu Domestic Workers  
Welfare Board, President/Secretary of the Regd.

Union of the Employment concerned /  
Assistant

Inspector of Labour concerned / Any other  
officer

permitted to give employment certificate.

**\*\*Any false declaration / certification will entail legal action.**

**SANCTION**

I hereby sanction a sum of Rs...../- (Rupees.....only) to the claimant as educational assistance, in respect of Selvi..... daughter of Thiru/Tmt..... registered manual worker..... (Registration No.....).

Office Seal:

Place:

Scheme)

Date

Labour Officer (Social Security

..... District

4. Strike out whichever is not applicable.

**ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. .... registered manual worker  
(Registration No.....), claim application for sanction of educational assistance.

Date

Office Seal :

”;

Labour Officer (Social Security Scheme)

..... district

Name:

Designation:

(23) for Form-XII, the following Form shall be substituted, namely:-

**“FORM-XII**  
**[See Clause 21(3)]**

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR HIGHER EDUCATION**

To

The Labour Officer (Social Security Scheme)

..... district.

- (viii) Name of the registered manual worker.
- (ix) a) Registration Number and date of initial registration  
(Original identity card should be enclosed).  
b) Date of last renewal, indicating the  
period upto which renewed
3. Address (in full) with PIN Code :
4. Details of family members of the registered  
manual worker :

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought :-

Sl. No.	Name	Date of Birth	Name of the course studying	Duration of the course	Name of the College/Institution with address in full
(1)	(2)	(3)	(4)	(5)	(6)

**Note:** - Certificate from the Principal of the College/Educational institution to the effect that the son or daughter of the registered manual worker is studying the course indicating whether a day scholar or hosteller should be enclosed in original.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/ Daughter	Course for which assistance availed	Years of availing assistance (Rs.)	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

of the

Signature/Thumb impression

registered manual worker.

**DECLARATION BY THE APPLICANT\*\***

I hereby declare that the particulars furnished in the application are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefit by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date

Signature/Thumb impression of the  
registered manual worker.

---

**\*\*Any false declaration / certification will entail legal action.**

---

**CERTIFICATE\*\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date:

Trade

Members, Tamil Nadu Domestic Workers  
Welfare Board, President/Secretary of the Regd.

Union of the Employment concerned / Assistant  
Inspector of Labour concerned / Any other  
officer  
permitted to give employment certificate.

**\*\*Any false declaration / certification will entail legal action.**

**SANCTION**

I hereby sanction after due verification for payment of Rs...../- (Rupees ...only) towards educational assistance in respect of \*Selvi/\*Selvan .....\*son /\*daughter of \*Thiru/\*Tmt..... registered manual worker (Registration number.....).

Office Seal:

Place:

Date

**Labour Officer, ( Social Security Scheme )  
..... district**

**ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. .... registered manual worker (Registration No. .... ) claim application for sanction of educational assistance.

Labour Officer (Social Security Scheme).....  
district

with date

Name:

Office Seal :

Designation: . ”;

(24) for Form-XIII, the following Form shall be substituted, namely:-

**“FORM – XIII**  
**[See Clause 22(4)]**

**APPLICATION FOR PAYMENT OF MARRIAGE ASSISTANCE**

To

The Labour Officer (Social Security Scheme)  
.....district.

(vii) Name of the registered manual worker.

(viii) Registration Number and date of initial registration  
(Original identity card should be enclosed).

3. Address in full with PIN Code:

4. (a) Particulars of the members of the family of the registered  
manual worker :

Sl No.	Name	Relationship	Age	Marital Status
(1)	(2)	(3)	(4)	(5)

(b) (i) Name of the person for whose marriage the assistance is sought for

(ii) Relationship to the registered manual worker:

(iii) Age in completed years on the date of marriage:

(c) Names of the couple: (i) Bride

(ii) Groom

(d) Date and venue of the marriage

(Marriage invitation to be enclosed in original) :

(e) Has the marriage assistance been availed earlier from the Board?

If so, furnish details:

Signature/Thumb

impression of the

registered manual

worker.

**DECLARATION BY THE APPLICANT\*\***

I hereby declare that the particulars furnished in the application are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance for the marriage of Self/Daughter/Son.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date :

of the

Signature/Thumb impression

registered manual worker.

**\*\*Any false declaration / certification will entail legal action.**

### **SANCTION**

I hereby sanction after due verification for payment of Rs...../- (Rupees ..... only) towards marriage assistance of the son / daughter / self of Thiru/Tmt....., registered manual worker of the Board (Registration number.....)

Labour Officer (Social Security Scheme)  
..... District.

### **ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. ....(Registration. No. .... )  
.....claim application for  
sanction of marriage assistance.

Signature of the Labour Officer  
(Social Security Scheme) ..... district with  
date

Office Seal :

Name:  
Designation: .”;

(25) for Form-XIV, the following Form shall be substituted, namely:-

### **“FORM – XIV [See clause 23(3)]**

### **APPLICATION FOR PAYMENT OF MATERNITY ASSISTANCE FOR PREGNANCY OR MISCARRIAGE OR TERMINATION OF PREGNANCY BY A REGISTERED FEMALE MANUAL WORKER**

To

The Labour Officer (Social Security Scheme)  
..... district.

10. Name of the female registered manual worker :
11. (a) Registration Number and date of initial registration

- (Original Identity card should be enclosed).
- (b) Date of last renewal indicating the period upto which renewed
3. Address (in full) with PIN Code :
4. Particulars of surviving son/daughter of the registered female manual worker:

Sl. No.	Name	Sex	Date of Birth	Age
(1)	(2)	(3)	(4)	(5)

5. Month of Pregnancy\* on the date of claim application:  
 \*(Certificate from the Civil Assistant Surgeon of the Government Hospital in support of this should be enclosed in original)
6. Whether the claim is for pregnancy or miscarriage of pregnancy or termination of pregnancy?  
 If so details may be furnished. (Certificate from the Civil Assistant Surgeon of the Government Hospital to this effect should be obtained and sent in original)
9. Whether the assistance has already been availed by the registered female manual worker?  
 If so, details may be furnished:

Signature/Thumb impression of the  
registered manual

worker.

### **DECLARATION BY THE APPLICANT\*\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :

Signature/Thumb impression of the  
registered manual worker.

\*\*Any false declaration / certification will entail legal action.

Note:- (i) The Birth Certificate from the Registrar of Births of the area concerned should be obtained and sent in original for release of the assistance after the date of delivery.

(ii) In the event of untoward demise of the registered female manual worker after the 7<sup>th</sup> month of pregnancy either before delivery or three months after delivery, the fact should be reported to the Medical Officer of Primary Health Centre concerned and for Chennai district to the Health Officer concerned, immediately along with the Death Certificate in original, for sanction of Funeral Expenses (or) Natural death assistance as admissible under the Scheme.

**CERTIFICATE\*\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date:

Trade

Members, Tamil Nadu Domestic Workers  
Welfare Board, President/Secretary of the Regd.

Union of the Employment concerned / Assistant  
Inspector of Labour concerned / Any other  
officer  
permitted to give employment certificate.

\*\*Any false declaration / certification will entail legal action.

**SANCTION**

I hereby sanction after due verification for the payment of assistance of Rs...../-  
(Rupees..... only) to Tmt..... (Registration No.....) \*at the time of seventh month  
of pregnancy / \*on delivery of child / \*for miscarriage of pregnancy / \* termination of pregnancy  
(\* Strike out whichever is not applicable).

Office Seal:

Labour Officer (Social Security Scheme)  
..... district

**ACKNOWLEDGEMENT SLIP**

Received from Tmt. ....claim application for  
sanction of maternity assistance for pregnancy/miscarriage of pregnancy / termination of  
pregnancy in respect of the registered female manual worker .

Signature of the Labour Officer  
(Social Security Scheme).....  
district  
with date

Office Seal :

Name:  
Designation: .”;

(26) for Form-XV, the following Form shall be substituted, namely :-

**“FORM – XV**  
**[See Clause 24(3)]**

**APPLICATION FOR REIMBURSEMENT OF COST ON**  
**PURCHASE OF SPECTACLES BY THE REGISTERED MANUAL WORKER**

To  
The Labour Officer (Social Security Scheme),  
..... district.

8. Name of the registered manual worker.
9. (a) Registration Number and date of initial registration.  
(Original identity card should be enclosed).
- (b) Date of last renewal indicating the  
period upto which renewed
3. Address in full with PIN code:
4. Date of purchase of spectacles and its actual cost :
5. Whether certificate issued by a registered  
Ophthalmist is enclosed in original? :
6. Whether cash bill is enclosed in original? :

the  
manual worker.

Signature/Thumb impression of  
registered

---

**DECLARATION BY THE APPLICANT\*\***

(i) I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount reimbursed towards purchase of spectacles for myself.

(ii) I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :

of the  
manual worker.

Signature/Thumb impression  
registered

\*\*Any false declaration / certification will entail legal action.



**CERTIFICATE\*\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date:

Trade

Members, Tamil Nadu Domestic Workers  
Welfare Board, President/Secretary of the Regd.

Union of the Employment concerned / Assistant  
Inspector of Labour concerned / Any other  
officer/  
agency permitted to give employment certificate.

\*\*Any false declaration / certification will entail legal action.

**SANCTION**

I hereby sanction after due verification the reimbursement of a sum of Rs...../(Rupees  
..... only) to Selvi/Thiru/Tmt....., towards the actual cost on purchase of spectacles  
for himself/herself.

Place:

Scheme),

Date:

Labour Officer (Social Security

..... District

**ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt./ Selvi ..... registered manual worker  
(Registration No.....) application for reimbursement of cost on purchase of spectacles  
for himself/herself

Labour Officer (Social Security Scheme) .....  
district with date

Name:

Office Seal :

Designation: .”;

\*\*\*\*\*

## **NOTIFICATION –V.**

In exercise of the powers conferred by section 4 read with section 3 of the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 (Tamil Nadu Act 33 of 1982), the Governor of Tamil Nadu, after consultation with the Advisory Committee, hereby makes the following amendments to the Tamil Nadu Washermen Social Security and Welfare Scheme, 2006.

2. The amendments hereby made shall come into force on the 31<sup>st</sup> day of October, 2008.

## **AMENDMENTS**

In the said Scheme, -

- (1) in clause 9,-

(i) in sub-clause (1), after the expression “Board”, the expression “through the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

(ii) in sub-clause (2),-

(a) after the expression “such registration shall be made”, the expression “in duplicate to the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

(b) after item (c), the following item shall be added, namely:-

“(d) Village Administrative Officer and for Chennai district, the Revenue Inspector concerned.”;

(iii) for sub-clause (3), the following sub-clause shall be substituted, namely:-

“(3) (a) The registration of the name of the manual worker with the Board shall be made by the Labour Officer (Social Security Scheme) of the respective district after due verification by the respective Village Administrative Officer and for Chennai district, by the Revenue Inspector concerned.

(b) The registration under this clause is valid for a period of two years or until the registered manual worker attains the age of sixty years, whichever is earlier.”;

(iv) in sub-clauses (4) and (5), for the expression “Board or district or local office” wherever it occurs, the expression “Labour Officer ( Social Security Scheme ) of the respective district ” shall be substituted;

(v) in sub-clause (6), after item (c), the following item shall be added, namely:-

“(d) Where the nomination made is incomplete or becomes void, the assistance shall be released to the legal heirs of the deceased registered manual worker.”;

in clause 10,-

(2)

- (i) in sub-clauses (1) and (2), for the expression “Executive Officer”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(3) in clause 11, in sub-clause (4), after the expression “Board”, the expression “and the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

(4) in clause 14, in sub-clause (3), for the expression “Executive Officer or any other officer authorised in this behalf by the Board”, the expression “Labour Officer ( Social Security Scheme ) of the respective district, after due verification” shall be substituted;

(5) in clause 15, for the expression “Chief Executive Officer or any other officer authorised by the Chief Executive Officer in this behalf”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(6) in clause 17,-

(i) in sub-clause (1), after the expression “Personal Accident Relief”, the following expression shall be added, namely:-

“and where the accident results in death, their nominees are eligible for Personal Accident Relief.”;

(ii) in sub-clause (3),-

(a) in item (a), for the expression “Board”, occurring in three places, the expression “Labour Officer ( Social Security Scheme ) of the respective district ” shall be substituted;

(b) in item (e), for the expression “ Board or any Officer authorised in this behalf ”, the expression “ Labour Officer ( Social Security Scheme ) of the respective district ” shall be substituted;

(7) in clause 18,-

1. in sub-clause (2), for the expression “Board” occurring in five places, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

2. in sub-clause (3), for the expression “ Rs.300 (Rupees three hundred only)”, the expression “Rs.400 (Rupees four hundred only)” shall be substituted;

(8) in clause 19,-

(i) in sub-clause (1), for the expression “Secretary or any other officer authorised in this behalf by the Board”, the expression “Labour Officer ( Social Security Scheme ) of the respective district, after due verification” shall be substituted;

- (ii) in sub-clause (2), the expression “by the Board” shall be omitted;
- (9) in clause 20, in sub-clause (1), for the expression “Secretary or any other Officer authorized in this behalf by the Board” , the expression “Labour Officer ( Social Security Scheme ) of the respective district, after due verification” shall be substituted;
- (10) in clause 21,-
- (i) for sub-clause (1), the following sub-clause shall be substituted, namely:-  
“(1) The assistance for the education of the children of a registered manual worker shall be sanctioned by the Labour Officer ( Social Security Scheme ) of the respective district, after due verification, as specified in the Table below:-

**THE TABLE.**

Serial Number	Form	Course of Study	Day Scholar		Hosteller	
			Boys	Girls	Boys	Girls
			Rs.	Rs.	Rs.	Rs.
1	XI	10 <sup>th</sup> Std., Studying-Girl children only	---	1,000	---	---
2	X	10 <sup>th</sup> Std., passed	1,000	1,000	---	---
3	XI	11 <sup>th</sup> Std., Studying-Girl children only	---	1,000	---	---
4	XI	12 <sup>th</sup> Std. Studying – Girl children only	---	1,500	---	---
5	X	12 <sup>th</sup> Std. passed	1,500	1,500	---	---
6	XII	Studying regular Bachelor Degree course (Every academic year)	1,500	1,500	1,750	1,750
7	XII	Studying regular Post Graduate course ( Every academic year )	2,000	2,000	3,000	3,000
8	XII	Studying regular Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses . ( Every academic year )	2,000	2,000	4,000	4,000
9	XII	Studying regular Post Graduate Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses ( Every academic year )	4,000	4,000	6,000	6,000

10	XII	Studying ITI or Polytechnic course (Every academic year)	1,000	1,000	1,200	1,200	”;
----	-----	---	-------	-------	-------	-------	----

(ii) for sub-clause (3), the following sub-clause shall be substituted, namely:-

“ (3) The application for assistances specified in serial numbers 2 and 5 in column (1) of the Table in sub-clause (1) shall be in Form X to be submitted after passing of the course, the application for assistances specified in serial numbers 6 to 10 in column (1) of the said Table shall be in Form XII to be submitted before completion and passing of the course and the application for assistances specified in serial numbers 1,3 and 4 shall be in Form XI to be submitted before completion and passing of the course.”;

(11) in clause 22, in sub-clause (1), for the expression “Secretary or any other Officer authorised in this behalf by the Board, shall on an application from a registered manual worker”, the expression “Labour Officer ( Social Security Scheme ) of the respective district shall, on an application from a registered manual worker, after due verification” shall be substituted;

(12) in clause 23, for sub-clause (1), the following sub-clause shall be substituted, namely:-

“(1) The Labour Officer ( Social Security Scheme ) of the respective district shall, on an application from a registered female manual worker, sanction the assistance as indicated below, after due verification of the proof produced by her of her pregnancy or delivery of child by her or the miscarriage of her pregnancy or the termination of pregnancy:-

(i) Pregnancy - Rs.6,000/-  
(Rs.3,000/- shall be paid on the seventh month of pregnancy and remaining Rs.3,000/- shall be paid on delivery of the child)

(ii) Miscarriage of pregnancy -Rs.3,000/-

(iii) Termination of pregnancy-Rs.3,000/-.”;

(13) in clause 24,-

(i) in sub-clause (1), for the expression “Secretary or any other officer authorised in this behalf by the Board, shall on an application From XV from a registered manual worker”, the expression “Labour Officer ( Social Security Scheme ) of the respective district, shall on an application From XV from a registered manual worker, after due verification” shall be substituted;

(ii) for sub-clause (2), the following sub-clause shall be substituted, namely:-

“(2) The assistance shall be restricted to 65 registered manual workers per year in each district on “First come – First serve” basis depending upon the applications received.”;

(14) for Form I, the following Form shall be substituted, namely :-

**“FORM – I**  
**[See Clause 9(2)]**

**APPLICATION FOR REGISTRATION**

To  
The Labour Officer (Social Security Scheme),  
..... district.

Affix  
Passport  
size  
photograph

Registration No.....  
(to be filled in by the Registration Authority)

1. Name of the Worker :
2. Name of the Father/Husband :
3. Date of birth  
(Enclose Xerox Copy of evidence Day Month Year  
in proof duly attested by a Group A  
or Group B Officer)\*
4. Marital Status  
(Whether married, unmarried, widow/widower) :
5. Permanent address :
6. Present address :
7. State whether self-employed or employed :
8. If employed, furnish the name and address  
of the establishment and also the name and  
address of the employer/contractor :
9. Nature of work :
10. Number of years engaged in the employment  
as on the date of application :
11. Particulars of the members of the family

Sl. No.	Name	Age	Relationship	Marital status
(1)	(2)	(3)	(4)	(5)

12. (a) Whether the wife/husband is employed ? :  
(b) If so furnish details
13. Nomination for receipt of Natural Death/Accidental  
Death Assistance :  
Name and address \*\* Nominee's Relationship Age of the Percentage of amount to  
be of the nominee/nominees with the worker nominee paid to each nominee  
(1) (2) (3) (4)

\*(i) Birth Certificate or (ii) School Certificate or (iii) Driving Licence or (iv) Ration Card or  
(v) Voter's identity card or (vi) Certificate from Registered Medical Practitioner not below  
the rank of Civil Surgeon of a Government Hospital in the prescribed format duly signed by  
the worker.

\*\* Nominees shall be dependant Family Members.

Signature or left hand thumb impression of the manual worker.  
(Left hand thumb impression to be attested by the Registration  
Authority)

**DECLARATION BY THE APPLICANT.\*\*\***

I declare that I am not registered as a member in any other Manual Workers Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Signature or left hand thumb impression of the manual worker.  
(Left hand thumb impression to be attested by the Registration  
Authority)

\*\*\* Any false declaration/ certification will entail legal action.

---

**CERTIFICATE OF EMPLOYMENT\*\*\*.**

Certified that the particulars furnished by Thiru/Thirumathi/ Selvi....., regarding employment as a manual worker in the application for registration are true to the best of my knowledge and belief.

Place:

Date :

Signature and name of the person /  
Officer issuing the certificate

\*\*\* Any false declaration/ certification will entail legal action

---

**VERIFICATION CERTIFICATE.**

After due verification it is certified that the particulars furnished in the application and the proof of age are found correct and recommended for registration.

Place:

Date:

Village Administrative Officer /  
Revenue Inspector (for Chennai district)

---

**Office Note:-**

Application and proof verified. The recommendation of the .....is accepted and the applicant is registered as member of the Tamil Nadu ..... Welfare Board . Application for membership rejected (In case of rejection, reason should be clearly mentioned).

**Labour Officer ( Social Security Scheme )**

**ACKNOWLEDGEMENT SLIP.**

Received from Selvi/Thiru/Tmt. ....residing at  
..... application for registration as manual worker in the Tamil  
Nadu ..... Welfare Board.

Office Seal: Labour Officer ( Social Security Scheme  
).....

district with date

Name :

Designation : .”.

in Form II,-

- (15)
- under the heading “SCHEME ASSISTANCES OF THE BOARD”, in serial number 8, against the entry “Pension”, for the expression “300”, the expression “400” shall be substituted;
  - under the heading “Details of Scheme Assistance provided to the worker”, in the Table, for the expression “Name of the Beneficiary”, the expression “Name of the person” shall be substituted;
  - under the heading “GENERAL INSTRUCTIONS”, -

(a) for the expression “Assistant Inspector of Labour”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(b) for the expression “Board” occurring in three places, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(16) in FORM - VI, for the expression “The Secretary,”, the expression “The Labour Officer (Social Security Scheme ), ..... district.” shall be substituted;

(17) for FORM - VII, the following Form shall be substituted, namely.-

**“FORM – VII**

**[See Clause 17(3)(b)]**

**APPLICATION FOR PAYMENT OF COMPENSATION FOR  
ACCIDENTAL DEATH/ DISABILITY**

To

The Labour Officer ( Social Security Scheme )  
..... district.

3. (a)Name of the registered manual worker } :
- (b)Address (in full)  
(on the date of death/ disability) :
- (c) Age :
- (d) Registration number and date of  
initial registration :
- (e) Renewal date :



- (f) Occupation :
2. (a)Area :
- (b)Place :
- (c)District :
3. (a) Name of the nominee :
- (b) Relationship with the deceased registered manual worker  
(in the case of accidental death only)
- (c) Age of the nominee :
- (d) Address in full (with PIN)
4. Whether the claimant is the registered worker  
himself (in the case of accidental disability)  
or the nominee of the registered manual worker? :
5. Date and time of accident :
6. Place of accident :
- (a) at the work place :
- (b) outside the work place :
7. Whether intimation regarding accident has been given  
in Form - VI as per clause 17 (3) (a)? :
8. Whether the accident resulted in death/  
loss of limb/loss of eye sight/partial injury?
9. In the case of accidental disability, a certificate  
from a Civil Surgeon of the Government  
Hospital indicating the percentage of  
disability due to accident with details should be  
obtained and enclosed in original.

- :
- 10 ( i) Date and time of death (in the case of accidental death) :
  - (ii) Attested copy of First Information Report. from the Police  
Station nearer to the place of accident to be enclosed :
  - (iii) Post-Mortem Certificate and final  
Investigation Report should be sent in original :
  - (iv) Death Certificate (attested copy) should be  
enclosed :

Signature/Thumb impression of the registered manual  
worker /  
nominee in case of death.

### **DECLARATION BY THE CLAIMANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for accidental death/disability. I also hereby declare that I have not received similar benefit by claim in any other Welfare Board

or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date : Signature/Thumb impression of the registered manual worker /  
nominee in case of death.

\* Any false declaration/ certification will entail legal action.

### **SANCTION**

I hereby sanction, after due verification, for payment of Rs...../- (Rupees ...only) towards accidental death/disability to Selvi/Thiru/Tmt. .... nominee of the deceased manual worker (Registration Number..... ) / registered worker (Registration Number.....) himself.

Place: Labour Officer ( Social Security Scheme )  
Date: .....district.

**(Affix Rubber Stamp)**

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. .... application for sanction of assistance towards accidental death/disability in respect of deceased registered manual worker Selvi/Thiru/Tmt. .... (Registration Number .....)/registered manual worker Selvi/Thiru/Tmt. ....(Registration Number .....).

Labour Officer ( Social Security Scheme ) .....  
district with date

Name:

Office Seal :

Designation: .”;

(18) for Form-VIII, the following Form shall be substituted, namely:-

### **“FORM -VIII [See Clause 18(2)]**

### **APPLICATION FOR PENSION**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

1. Name of the Applicant : :
2. Address in full (to which pension is to be sent) (with PIN code) :
3. Registration number and date :  
(Original identity Card should be enclosed)
4. Age and date of completion of 60 years of age :

Passport size  
photograph  
duly signed

5. Date of completion of continuous period of five years as registered manual worker of the Board :
6. Whether the registration has been renewed regularly without any default? If so, details may be furnished :

Sl. No. (1)	Date of initial registration/ subsequent renewal (2)	Period of validity of registration/renewal	
		From (3)	To (4)

7. Whether in receipt of any other pension? If so, furnish complete details :

Signature/Thumb impression of the registered manual worker.

### **DECLARATION\***

I hereby certify that the facts mentioned above are true to the best of my knowledge and information. I am not a registered manual worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place: Signature/Thumb impression of the registered manual worker.

Date: Name :

\*Any false declaration/ certification will entail legal action

Note : 1. Besides the photograph affixed above, another passport size photograph should be enclosed with the application.  
4. Incomplete applications will not be considered.

### **SANCTION**

I hereby sanction, after due verification, a monthly pension of Rs...../- (Rupees..... only) with effect from..... The amount shall be sent by Money Order.

Place : Labour Officer ( Social Security Scheme )  
Date : .....district.

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....(Address in full) .....  
.....(Registration No. ....)  
application for sanction of pension.

Labour Officer ( Social Security Scheme ) ..... district with date

Name:

Office Seal :

Designation: .”;

19) for Form-VIII-A, the following Form shall be substituted, namely:-

**“FORM -VIII-A**

**[See Clause 18(2)]**

**APPLICATION FOR DISABILITY PENSION**

To

The Labour Officer ( Social Security Scheme )  
..... district.

Passport size  
photograph  
duly signed

1. Name of the applicant :
2. Address in full (to which pension  
is to be sent) (with PIN code) :
3. Registration number and date  
(Original identity card should be enclosed) :
4. Age and date of completion of  
60 years of age :
5. Date of completion of continuous period of  
five years as registered manual worker of the Board :

6. Whether the registration has been renewed  
regularly without any default? If so,  
details may be furnished :

Sl. No.	Date of initial registration/ subsequent renewal	Period of validity of registration/renewal	
		From	To
(1)	(2)	(3)	(4)

7. Whether the applicant has become disabled  
due to sickness and incapacitated from normal  
work? (If so, a certificate by a Medical Officer  
not below the rank of Civil Surgeon of the Government  
Hospital under his name and seal should be  
enclosed in original)
8. Whether in receipt of any other pension?  
If so, furnish complete details

:

registered

Signature/Thumb impression of the

manual worker

**DECLARATION\***

I hereby declare that the facts mentioned above are true to the best of my knowledge and information. I am not a registered worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as disability pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place: \_\_\_\_\_ Signature/Thumb impression of the registered manual worker

Date: \_\_\_\_\_ Name :

\* Any false declaration/ certification will entail legal action

Note : 1. Besides the photograph affixed above another passport size photograph should be enclosed

with the application.

2. Incomplete applications will not be considered.

---

### **SANCTION**

I hereby sanction, after due verification, a monthly pension of Rs...../- (Rupees..... only ) with effect from..... The amount shall be sent by Money Order.

Office Seal:

Place : \_\_\_\_\_ **Labour Officer ( Social Security Scheme )**

**Date :** \_\_\_\_\_ **.....district.**

---

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....(Address in full) .....  
.....(Registration No. ....)  
application for sanction of disability pension.

Labour Officer ( Social Security Scheme ) ..... district with date

Name:

Office Seal :

Designation: .”;

---

(20) for Form-IX, the following Form shall be substituted, namely:-

### **“FORM – IX**

**[See Clause 19(2) and 20(2)]**

### **APPLICATION FOR PAYMENT OF FUNERAL EXPENSES/ NATURAL DEATH ASSISTANCE**

To

The Labour Officer ( Social Security Scheme )

..... district.

1. Name of the deceased registered manual worker:
2. Address in full (at the time of death):
3. Age (on the date of death) :
4. Nature of work :
5. (a) Registration Number and date of initial registration.  
(Original Identity card should be enclosed).  
(b) Date of last renewal, indicating the  
period upto which renewed
6. (a) Place of death  
(b) Date of death  
(c) Cause of death (to be indicated clearly) :  
(Avoid indicating as “Natural Death”)  
(Death Certificate in original shall be enclosed)
7. (a) Name of the nominee :  
(b) Age on the nominee (in completed years):  
(c) Address of the nominee in full indicating PIN Code:  
(d) Relationship of the nominee with the deceased  
registered manual worker

Signature/Thumb impression of the nominee of the  
registered manual worker

### **DECLARATION OF THE NOMINEE \***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for death/funeral expenses of the deceased manual worker.

I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :

Signature/Thumb impression of the  
nominee of the registered manual worker

\*Any false declaration/ certification will entail legal action

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application are correct.

Place:

Date: Members, ..... Tamil Nadu .....  
Welfare Board / President/Secretary of the Registered Trade  
Union of the Employment concerned/Assistant Inspector  
of Labour concerned /Any other officer permitted to give  
employment certificate.

\* Any false declaration/ certification will entail legal action

---

### **SANCTION**

1. I hereby sanction, after due verification, a sum of Rs. /- (Rupees  
only) as assistance to Thiru/Tmt/Selvi. ...., nominee / nominees, for the funeral  
of Thiru/Thirumathi/Selvi ..... a registered manual worker.

2. I hereby sanction, after due verification, a sum of Rs. /-(Rupees  
only) as assistance to Thiru/Tmt/Selvi....., nominee/nominees, on the natural death of  
Thiru/Thirumathi/Selvi .....a registered manual worker.

Office Seal:

Place :

Date : Labour Officer ( Social Security Scheme )  
.....district.

---

—

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....  
.....claim application for  
sanction of Funeral/Natural death assistance in respect of deceased registered manual worker  
Selvi/Thiru/Tmt. .... (Registration No. )

Labour Officer ( Social Security Scheme ).....  
district with date

Name:

Office Seal :

Designation: .”;

---

(21) for Form-X, the following Form shall be substituted, namely:-

### **FORM-X**

[See Clause 21(3)]

### **APPLICATION FOR EDUCATIONAL ASSISTANCE FOR PASS IN 10<sup>TH</sup> STANDARD AND 12<sup>TH</sup> STANDARD EXAMINATION.**

To

The Labour Officer ( Social Security Scheme )

..... district.

- (i) Name of the registered manual worker.
- (ii) (a) Registration Number and date of initial registration.  
(Original Identity card should be enclosed).
- (b) Date of last renewal, indicating the period upto which renewed
3. Address (in full) with PIN Code :
4. Details of family members of the registered manual worker: -

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought for:-

Sl. No.	Name (Son/Daughter)	Date of Birth	Examination passed	Month and Year of Pass	Name of the School studied
(1)	(2)	(3)	(4)	(5)	(6)

**Note:-** Xerox copy of the Mark Sheet in support of having passed the Examination, duly attested by a Group A or Group B Officer should be enclosed.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing assistance	Amount of assistance (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker

**DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance. I further declare that I have not availed similar assistance from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :

Signature/Thumb impression of  
the registered manual worker

\* Any false declaration/ certification will entail legal action .

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application are correct.  
Place:



Date:  
Nadu.....

Members, ..... Tamil

Labour

Welfare Board /  
President/Secretary of the Regd. Trade Union of the  
Employment concerned/ Assistant Inspector of

concerned /Any other officer permitted to give  
employment certificate.

\* Any false declaration/ certification will entail legal action .

---

### **SANCTION**

I hereby sanction, after due verification a sum of Rs...../- (Rupees ..... only) as educational assistance, in respect of \*Selvan/\*Selvi..... \* son/\*daughter of \*Thiru/Tmt..... registered manual worker (Registration No..... ).

Office Seal:

Place: Labour Officer ( Social Security Scheme ) .....district

Date :

\* Strikeout whichever is not applicable

---

### **ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt./ Selvi/ ..... (Registration No.....) claim application for sanction of educational assistance .

Labour Officer ( Social Security Scheme )  
..... district with date

Name:

Office Seal :

Designation: .”;

---

(22) for Form-XI, the following Form shall be substituted, namely:-

#### **“FORM-XI**

**[See Clause 21(3)]**

#### **APPLICATION FOR EDUCATIONAL ASSISTANCE FOR GIRL CHILDREN STUDYING IN 10<sup>TH</sup> STANDARD/ 11<sup>TH</sup> STANDARD / 12<sup>TH</sup> STANDARD.**

To

The Labour Officer ( Social Security Scheme  
..... **district.**

1. Name of the registered manual worker.
2. (a) Registration Number and date of initial registration  
(Original identity card should be enclosed).
- (b) Date of last renewal, indicating the  
period upto which renewed

3. Address (in full) with PIN Code :
4. Details of family members of the registered manual worker :

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the daughter for whom Educational Assistance is sought for:-

Sl. No.	Name	Date of Birth	Standard in which studying (Std. 10 <sup>th</sup> /11 <sup>th</sup> / 12 <sup>th</sup> )	Year of Study (indicate the academic year)	Name of the school with full address
(1)	(2)	(3)	(4)	(5)	(6)

**Note:-** Certificate from the Head Master/Principal of the School to the effect that the daughter of the registered manual worker is studying the course, should be enclosed.

6. Number of children for whom the assistance has already been availed from the Board:

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing the assistance	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker.

**DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date : Signature/Thumb impression of the registered manual worker.

\*Any false declaration/ certification will entail legal action .

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application are correct.

Place:

Date:

Members, ..... Tamil Nadu .....

Welfare Board / President/Secretary of the Registered. Trade

Union

of the Employment concerned/ / Assistant Inspector of Labour concerned /Any other officer permitted to give employment

certificate.

\* Any false declaration/ certification will entail legal action ..

---

**SANCTION**

I hereby sanction, after due verification, a sum of Rs...../- (Rupees.....only) to the claimant as educational assistance, in respect of Selvi..... daughter of Thiru/Tmt..... registered manual worker (Registration No.....).

**Office Seal:**

**Place**

**Labour Officer ( Social Security Scheme ) .....district**

**Date**

---

**ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. .... registered manual worker  
(Registration No.....), claim application for sanction of educational assistance.

Labour Officer ( Social Security Scheme ) ..... district with date

Name:

Office Seal :

Designation:

.”;

---

(23) for Form-XII, the following Form shall be substituted, namely:-

**“FORM-XII**  
**[See Clause 21(3)]**

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR HIGHER EDUCATION**

To

The Labour Officer ( Social Security Scheme )

..... district.

1. Name of the registered manual worker.
2. a) Registration Number and date of initial registration  
(Original identity card should be enclosed).  
b) Date of last renewal, indicating the  
period upto which renewed
3. Address (in full) with PIN Code :
4. Details of family members of the registered  
manual worker :

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

--	--	--	--

5. Details of the son or daughter for whom educational assistance is sought :-

Sl. No.	Name	Date of Birth	Name of the course studying	Duration of the course	Name of the College/Institution with address in full
(1)	(2)	(3)	(4)	(5)	(6)

**Note:** - Certificate from the Principal of the College/Educational institution to the effect that the son or daughter of the registered manual worker is studying the course indicating whether a day scholar or hosteller should be enclosed in original.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Years of availing assistance Rs.	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/ Thumb impression of the registered manual worker.  
**DECLARATION BY THE APPLICANT.\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefit by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date

Signature/Thumb impression of the registered manual worker.

---

\* Any false declaration/ certification will entail legal action .

---

**CERTIFICATE\***

I hereby certify that the above particulars are correct.

Place:

Date:

Nadu.....

Members, ..... Tamil

Welfare Board /

President/Secretary of the Registered. Trade Union of the Employment concerned / / Assistant Inspector of Labour concerned /Any other officer permitted to give employment certificate.

---

\*Any false declaration/ certification will entail legal action ..

---

**SANCTION**

I hereby sanction, after due verification, a sum of Rs...../- (Rupees ..... only) towards educational assistance in respect of \*Selvi/\*Selvan .....(\*son /\*daughter) of \*Thiru/\*Tmt..... registered manual worker (Registration number.....).

Place:

Labour Officer, ( Social Security Scheme )  
..... district

Date

\* Strikeout whichever is not applicable

---

### **ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. .... registered manual worker (Registration No. .... ) claim application for sanction of educational assistance.

Labour Officer ( Social Security Scheme ) .....  
district with date

Name:

Office Seal :

Designation:

.”;

---

(24) for Form-XIII, the following Form shall be substituted, namely:-

### **“FORM – XIII [See Clause 22(4)]**

### **APPLICATION FOR PAYMENT OF MARRIAGE ASSISTANCE**

To

The Labour Officer ( Social Security Scheme )  
.....district.

- (1) Name of the registered manual worker.
- (2) Registration Number and date of initial registration  
(Original identity card should be enclosed).
3. Address in full with PIN Code:
4. (a)Particulars of the members of the family of the registered manual worker :

---

<u>Sl No.</u>	<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Marital Status</u>
.....	.....	.....	.....	.....
(1)	(2)	(3)	(4)	(5)

---

- (b) (i) Name of the person for whose marriage the assistance is sought for  
(ii) Relationship to the registered manual worker:  
(iii) Age in completed years on the date of marriage:  
(c) Names of the couple: (i) Bride  
(ii) Groom  
(d) Date and venue of the marriage  
(Marriage invitation to be enclosed in original) :  
(e) Has the marriage assistance been availed earlier from the Board?  
If so, furnish details:

Signature/Thumb impression of the  
registered manual worker.

#### **DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance for the marriage of self/daughter/son.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date :

Signature/Thumb impression of the  
registered manual worker.

\*Any false declaration/ certification will entail legal action ..

---

#### **CERTIFICATE\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date:

Members, ..... Tamil Nadu.....

of the

concerned/

Welfare Board/ President/Secretary of the Regd. Trade Union  
Employment concerned// Assistant Inspector of Labour

Any other officer permitted to give employment certificate.

\*Any false declaration/ certification will entail legal action ..

---

#### **SANCTION**

**Labour Officer ( Social Security Scheme )**  
..... district.

Office Seal : \_\_\_\_\_ Name: \_\_\_\_\_  
Designation: \_\_\_\_\_”;

5. Month of Pregnancy\* on the date of claim application:  
 \*(Certificate from the Civil Assistant Surgeon of the Government Hospital in support of this should be enclosed in original)

6. Whether the claim is for pregnancy or miscarriage of pregnancy or termination of pregnancy?

If so details may be furnished. (Certificate from the Civil Assistant Surgeon of the Government Hospital to this effect should be obtained and sent in original)

7. Whether the assistance has already been availed by the registered female manual worker?  
If so, details may be furnished:

the

Signature/Thumb impression of  
registered manual worker.

**DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :

Signature/Thumb impression of the  
registered female manual worker.

---

\*Any false declaration/ certification will entail legal action ..

---

**Note.-** (i) The Birth Certificate from the Registrar of Births of the area concerned should be obtained and sent in original for release of the assistance after the date of delivery.

(ii) In the event of untoward demise of the registered female manual worker after the 7<sup>th</sup> month of pregnancy either before delivery or three months after delivery, the fact should be reported to the Medical Officer of Primary Health Centre concerned and for Chennai district to the Health Officer concerned, immediately along with the Death Certificate in original, for sanction of Funeral Expenses (or) Natural death assistance as admissible under the Scheme.

---

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date:

Members, ..... Tamil Nadu.....  
Welfare Board/



concerned /  
certificate.

President/Secretary of the Regd. Trade Union of the  
Employment concerned// Assistant Inspector of Labour

Any other officer permitted to give employment

\*Any false declaration/ certification will entail legal action ..

---

**SANCTION**

I hereby sanction, after due verification, for the payment of assistance of Rs...../-  
(Rupees..... only) to Tmt.....registered female manual worker (Registration  
No.....) \*at the time of seventh month of pregnancy / \*on delivery of child / \*for miscarriage  
of pregnancy /\* termination of pregnancy (\* Strike out whichever is not applicable).

Office Seal:

Labour Officer (Social Security  
Scheme).....district

---

**ACKNOWLEDGEMENT SLIP**

Received from Tmt. .... registered female manual  
worker (Registration Number.....) claim application for sanction of maternity assistance for  
\*pregnancy/\*miscarriage of pregnancy /\*termination of pregnancy in respect of the registered  
female manual worker .

\* Strikeout whichever is not applicable

Labour Officer (Social Security Scheme)  
.....district

Office Seal :

Name:  
Designation: .”;

---

(26) for Form-XV, the following Form shall be substituted, namely :-

**“FORM – XV**

**[See Clause 24(3)]**

**APPLICATION FOR REIMBURSEMENT OF COST ON  
PURCHASE OF SPECTACLES BY THE REGISTERED MANUAL WORKER**

To  
The Labour Officer(Social Security Scheme)  
..... district.

1. Name of the registered manual worker.
2. (a) Registration Number and date of initial registration.

(Original identity card should be enclosed).

(b) Date of last renewal indicating the  
period upto which renewed

3. Address in full with PIN code:
4. Date of purchase of spectacles and its actual cost :
5. Whether certificate issued by a registered  
Ophthalmist is enclosed in original? :
6. Whether cash bill is enclosed in original? :

Signature/Thumb impression of the  
registered manual worker.

---

**DECLARATION BY THE APPLICANT\***

(i) I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount reimbursed towards purchase of spectacles for myself.

(ii) I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :  
the

Signature/Thumb impression of  
registered manual worker.

\*Any false declaration/ certification will entail legal action .

---

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date: Member ..... Tamil Nadu.....  
Welfare Board

President/Secretary of the Registered Trade Union of the  
Employment/ sistant Inspector of Labour concerned

/Any

other officer permitted to give employment certificate.

\*Any false declaration/ certification will entail legal action .

**SANCTION**

I hereby sanction, after due verification, the reimbursement of a sum of Rs...../-(Rupees  
..... only) to Selvi/Thiru/Tmt....., towards the actual cost on purchase  
of spectacles for himself/herself.

Office Seal:

The Labour Officer(Social Security Scheme)  
..... district

---

**ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt./ Selvi ..... registered manual worker  
(Registration No.....) application for reimbursement of cost on purchase of spectacles  
for himself/herself.

The Labour Officer(Social Security Scheme)  
..... district .....with

date

Office Seal :

Name:

Designation: .”.

---

## **NOTIFICATION –VI.**

In exercise of the powers conferred by section 4 read with section 3 of the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 (Tamil Nadu Act 33 of 1982), the Governor of Tamil Nadu, after consultation with the Advisory Committee, hereby makes the following amendments to the Tamil Nadu Hair Dressers Social Security and Welfare Scheme, 2006.

2. The amendments hereby made shall come into force on the 31<sup>st</sup> day of October, 2008.

### **AMENDMENTS**

In the said Scheme, -

- (1) in clause 9,-

(i) in sub-clause (1), after the expression “Board”, the expression “through the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

(ii) in sub-clause (2),-

(a ) after the expression “such registration shall be made”, the expression “in duplicate to the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

( b ) after item (c), the following item shall be added, namely:-

“(d) Village Administrative Officer and for Chennai district, the Revenue Inspector concerned.”;

(iii) for sub-clause (3), the following sub-clause shall be substituted, namely:-

“(3) (a) The registration of the name of the manual worker with the Board shall be made by the Labour Officer (Social Security Scheme) of the respective district after due verification by the respective Village Administrative Officer and for Chennai district, by the Revenue Inspector concerned.

(b) The registration under this clause is valid for a period of two years or until the registered manual worker attains the age of sixty years, whichever is earlier.”;

(iv) in sub-clauses (4) and (5), for the expression “Board or district or local office” wherever it occurs, the expression “Labour Officer ( Social Security Scheme ) of the respective district ” shall be substituted;

(v) in sub-clause (6), after item (c), the following item shall be added, namely:-

“(d) Where the nomination made is incomplete or becomes void, the assistance shall be released to the legal heirs of the deceased registered manual worker.”;

- (2) in clause 10,-

in sub-clauses (1) and (2), for the expression “Executive Officer”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

- (3) in clause 11, in sub-clause (4), after the expression “Board”, the expression “and the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;
- (4) in clause 14, in sub-clause (3), for the expression “Executive Officer or any other officer authorised in this behalf by the Board”, the expression “Labour Officer ( Social Security Scheme ) of the respective district, after due verification” shall be substituted;
- (5) in clause 15, for the expression “Chief Executive Officer or any other officer authorised by the Chief Executive Officer in this behalf”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;
- (6) in clause 17,-

(i) in sub-clause (1), after the expression “Personal Accident Relief”, the following expression shall be added, namely:-

“and where the accident results in death, their nominees are eligible for Personal Accident Relief.”;

(ii) in sub-clause (3),-

(a) in item (a), for the expression “Board”, occurring in three places, the expression “Labour Officer ( Social Security Scheme ) of the respective district ” shall be substituted;

(b) in item (e), for the expression “ Board or any Officer authorised in this behalf ”, the expression “ Labour Officer ( Social Security Scheme ) of the respective district ” shall be substituted;

(7) in clause 18,-

5. in sub-clause (2), for the expression “Board” occurring in five places, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

6. in sub-clause (3), for the expression “ Rs.300 (Rupees three hundred only)”, the expression “Rs.400 (Rupees four hundred only)” shall be substituted;

(8) in clause 19,-

(i) in sub-clause (1), for the expression “Secretary or any other officer authorised in this behalf by the Board”, the expression “Labour Officer ( Social Security Scheme ) of the respective district, after due verification” shall be substituted;

(ii) in sub-clause (2), the expression “by the Board” shall be omitted;

(9) in clause 20, in sub-clause (1), for the expression “Secretary or any other Officer authorized in this behalf by the Board” , the expression “Labour Officer ( Social Security Scheme ) of the respective district, after due verification” shall be substituted;

(10) in clause 21,-

(iii) for sub-clause (1), the following sub-clause shall be substituted, namely:-

“(1) The assistance for the education of the children of a registered manual worker shall be sanctioned by the Labour Officer ( Social Security Scheme ) of the respective district, after due verification, as specified in the Table below:-

**THE TABLE.**

Serial Number	Form	Course of Study	Day Scholar		Hosteller	
			Boys	Girls	Boys	Girls
			Rs.	Rs.	Rs.	Rs.
1	XI	10 <sup>th</sup> Std., Studying-Girl children only	---	1,000	---	---
2	X	10 <sup>th</sup> Std., passed	1,000	1,000	---	---
3	XI	11 <sup>th</sup> Std., Studying-Girl children only	---	1,000	---	---
4	XI	12 <sup>th</sup> Std. Studying – Girl children only	---	1,500	---	---
5	X	12 <sup>th</sup> Std. passed	1,500	1,500	---	---
6	XII	Studying regular Bachelor Degree course (Every academic year)	1,500	1,500	1,750	1,750
7	XII	Studying regular Post Graduate course ( Every academic year )	2,000	2,000	3,000	3,000
8	XII	Studying regular Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses . ( Every academic year )	2,000	2,000	4,000	4,000
9	XII	Studying regular Post Graduate Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses ( Every academic year )	4,000	4,000	6,000	6,000

10	XII	Studying ITI or Polytechnic course (Every academic year)	1,000	1,000	1,200	1,200
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.”;

(iv) for sub-clause (3), the following sub-clause shall be substituted, namely:-

“ (3) The application for assistances specified in serial numbers 2 and 5 in column (1) of the Table in sub-clause (1) shall be in Form X to be submitted after passing of the course, the application for assistances specified in serial numbers 6 to 10 in column (1) of the said Table shall be in Form XII to be submitted before completion and passing of the course and the application for assistances specified in serial numbers 1,3 and 4 shall be in Form XI to be submitted before completion and passing of the course.”;

(11) in clause 22, in sub-clause (1), for the expression “Secretary or any other Officer authorised in this behalf by the Board, shall on an application from a registered manual worker”, the expression “Labour Officer ( Social Security Scheme ) of the respective district shall, on an application from a registered manual worker, after due verification” shall be substituted;

(12) in clause 23, for sub-clause (1), the following sub-clause shall be substituted, namely:-

“(1) The Labour Officer ( Social Security Scheme ) of the respective district shall, on an application from a registered female manual worker, sanction the assistance as indicated below, after due verification of the proof produced by her of her pregnancy or delivery of child by her or the miscarriage of her pregnancy or the termination of pregnancy:-

(i) Pregnancy - Rs.6,000/-  
(Rs.3,000/- shall be paid on the seventh month of pregnancy and remaining Rs.3,000/- shall be paid on delivery of the child)

(ii) Miscarriage of pregnancy -Rs.3,000/-

(iii) Termination of pregnancy -Rs.3,000/-.”;

(13) in clause 24,-

(i) in sub-clause (1), for the expression “Secretary or any other officer authorised in this behalf by the Board, shall on an application From XV from a registered manual worker”, the expression “Labour Officer ( Social Security Scheme ) of the respective district, shall on an application From XV from a registered manual worker, after due verification” shall be substituted;

(ii) for sub-clause (2), the following sub-clause shall be substituted, namely:-

“(2) The assistance shall be restricted to 65 registered manual workers per year in each district on “First come – First serve” basis depending upon the applications

received.”;

(14) for Form I, the following Form shall be substituted, namely :-

**“FORM – I**  
**[See Clause 9(2)]**

**APPLICATION FOR REGISTRATION**

To  
The Labour Officer (Social Security Scheme),  
..... district.

Affix  
Passport  
size  
photograph

Registration No.....  
(to be filled in by the Registration Authority)

1. Name of the Worker :
2. Name of the Father/Husband :
3. Date of birth  
(Enclose Xerox Copy of evidence Day Month Year  
in proof duly attested by a Group A  
or Group B Officer)\*
4. Marital Status  
(Whether married, unmarried, widow/widower) :
5. Permanent address :
6. Present address :
7. State whether self-employed or employed :
8. If employed, furnish the name and address  
of the establishment and also the name and  
address of the employer/contractor :
9. Nature of work :
10. Number of years engaged in the employment  
as on the date of application :
11. Particulars of the members of the family

Sl. No.	Name	Age	Relationship	Marital status
(1)	(2)	(3)	(4)	(5)

12. (a) Whether the wife/husband is employed ? :  
(b) If so furnish details
13. Nomination for receipt of Natural Death/Accidental  
Death Assistance :  
Name and address \*\* Nominee’s Relationship Age of the Percentage of amount to  
be of the nominee/nominees with the worker nominee paid to each nominee  
(1) (2) (3) (4)

\*(i) Birth Certificate or (ii) School Certificate or (iii) Driving Licence or (iv) Ration Card or



(v) Voter's identity card or (vi) Certificate from Registered Medical Practitioner not below the rank of Civil Surgeon of a Government Hospital in the prescribed format duly signed by the worker.

\*\* Nominees shall be dependant Family Members.

Signature or left hand thumb impression of the manual worker.  
(Left hand thumb impression to be attested by the Registration  
Authority)

**DECLARATION BY THE APPLICANT.\*\*\***

I declare that I am not registered as a member in any other Manual Workers Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Signature or left hand thumb impression of the manual worker.  
(Left hand thumb impression to be attested by the Registration  
Authority)

\*\*\* Any false declaration/ certification will entail legal action.

---

**CERTIFICATE OF EMPLOYMENT\*\*\*.**

Certified that the particulars furnished by Thiru/Thirumathi/ Selvi....., regarding employment as a manual worker in the application for registration are true to the best of my knowledge and belief.

Place:

Date :

Signature and name of the person /  
Officer issuing the certificate

\*\*\* Any false declaration/ certification will entail legal action

---

**VERIFICATION CERTIFICATE.**

After due verification it is certified that the particulars furnished in the application and the proof of age are found correct and recommended for registration.

Place:

Date:

Village Administrative Officer /  
Revenue Inspector (for Chennai district)

---

**Office Note:-**

Application and proof verified. The recommendation of the .....is accepted and the applicant is registered as member of the Tamil Nadu ..... Welfare Board . Application for membership rejected (In case of rejection, reason should be clearly mentioned).

**Labour Officer ( Social Security Scheme )**  
.....district

---

**ACKNOWLEDGEMENT SLIP.**

Received from Selvi/Thiru/Tmt. ....residing at  
..... application for registration as manual worker in the Tamil  
Nadu ..... Welfare Board.

Office Seal: Labour Officer ( Social Security Scheme  
).....

district with date

Name :

Designation : ..”.

---

(15) in Form II,-

- under the heading “SCHEME ASSISTANCES OF THE BOARD”, in serial number 8, against the entry “Pension”, for the expression “300”, the expression “400” shall be substituted;
- under the heading “Details of Scheme Assistance provided to the worker”, in the Table, for the expression “Name of the Beneficiary”, the expression “Name of the person” shall be substituted;
- under the heading “GENERAL INSTRUCTIONS”,-
  - (a) for the expression “Assistant Inspector of Labour”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;
  - (b) for the expression “Board” occurring in three places, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(16) in FORM - VI, for the expression “The Secretary,”, the expression “The Labour Officer (Social Security Scheme ), ..... district.” shall be substituted;

(17) for FORM - VII, the following Form shall be substituted, namely.-

**“FORM – VII**  
**[See Clause 17(3)(b)]**  
**APPLICATION FOR PAYMENT OF COMPENSATION FOR**  
**ACCIDENTAL DEATH/ DISABILITY**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

8. (a) Name of the registered manual worker } :  
(b) Address (in full)  
(on the date of death/ disability) :  
(c) Age :  
(d) Registration number and date of  
initial registration :  
(e) Renewal date :  
(f) Occupation :  
2. (a) Area :  
(b) Place :  
(c) District :  
3. (a) Name of the nominee :  
(b) Relationship with the deceased registered manual worker  
(in the case of accidental death only)  
(c) Age of the nominee :  
(d) Address in full (with PIN)  
4. Whether the claimant is the registered worker  
himself (in the case of accidental  
disability) or the nominee of the  
registered manual worker? :  
5. Date and time of accident :  
6. Place of accident :  
(a) at the work place :  
(b) outside the work place :  
7. Whether intimation regarding accident has been given  
in Form - VI as per clause 17 (3) (a)? :  
8. Whether the accident resulted in death/  
loss of limb/loss of eye sight/partial injury?  
9. In the case of accidental disability, a certificate  
from a Civil Surgeon of the Government  
Hospital indicating the percentage of  
disability due to accident with details should be  
obtained and enclosed in original. :  
10 ( i) Date and time of death (in the case of accidental death) :  
(ii) Attested copy of First Information Report. from the Police  
Station nearer to the place of accident to be enclosed :

- (iii) Post-Mortem Certificate and final  
Investigation Report should be sent in original :  
(iv) Death Certificate (attested copy) should be  
enclosed :

Signature/Thumb impression of the registered manual  
worker /  
nominee in case of death.

### **DECLARATION BY THE CLAIMANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for accidental death/disability. I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date : Signature/Thumb impression of the registered manual worker /  
nominee in case of death.

\* Any false declaration/ certification will entail legal action.

---

### **SANCTION**

I hereby sanction, after due verification, for payment of Rs...../- (Rupees ...only) towards accidental death/disability to Selvi/Thiru/Tmt. .... nominee of the deceased manual worker (Registration Number..... ) / registered worker (Registration Number.....) himself.

Place: Labour Officer ( Social Security Scheme )  
Date: .....district.  
(Affix Rubber Stamp)

---

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. .... application for sanction  
of assistance towards accidental death/disability in respect of deceased registered manual  
worker Selvi/Thiru/Tmt. .... (Registration Number .....)/registered  
manual worker Selvi/Thiru/Tmt. ....(Registration Number .....).

Labour Officer ( Social Security Scheme ) .....  
district with date

Office Seal :

Name:  
Designation: .”;

(18) for Form-VIII, the following Form shall be substituted, namely:-

**“FORM -VIII**  
**[See Clause 18(2)]**

**APPLICATION FOR PENSION**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

Passport size  
photograph  
duly signed

1. Name of the Applicant : :
2. Address in full (to which pension is to be sent) (with PIN code) :
3. Registration number and date :  
(Original identity Card should be enclosed)
4. Age and date of completion of 60 years of age : :
5. Date of completion of continuous period of five years as registered manual worker of the Board :
6. Whether the registration has been renewed regularly without any default? If so, details may be furnished

Sl. No. (1)	Date of initial registration/ subsequent renewal (2)	Period of validity of registration/renewal	
		From (3)	To (4)

7. Whether in receipt of any other pension?  
If so, furnish complete details :

Signature/Thumb impression of the  
registered  
manual worker.

**DECLARATION\***

I hereby certify that the facts mentioned above are true to the best of my knowledge and information. I am not a registered manual worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place: Signature/Thumb impression of the registered manual worker.  
Date: Name :

\*Any false declaration/ certification will entail legal action

---

Note : 1. Besides the photograph affixed above, another passport size photograph should be enclosed with the application.

9. Incomplete applications will not be considered.

### **SANCTION**

I hereby sanction, after due verification, a monthly pension of Rs...../-  
(Rupees..... only) with effect from..... The amount shall be  
sent by Money Order.

Place :

**Labour Officer ( Social Security Scheme )**

Date :

.....district.

---

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....(Address in full) .....  
.....(Registration No. ....)  
application for sanction of pension.

Labour Officer ( Social Security Scheme ) ..... district with date

Name:

Office Seal :

Designation: .”;

---

(19) for Form-VIII-A, the following Form shall be substituted, namely:-

**“FORM -VIII-A**

**[See Clause 18(2)]**

**APPLICATION FOR DISABILITY PENSION**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

Passport size  
photograph  
duly signed

1. Name of the applicant :
2. Address in full (to which pension is to be sent) (with PIN code) :
3. Registration number and date :  
(Original identity card should be enclosed)
4. Age and date of completion of 60 years of age :
5. Date of completion of continuous period of five years as registered manual worker of the Board :
6. Whether the registration has been renewed regularly without any default? If so, details may be furnished :

Sl. No.	Date of initial registration/ subsequent renewal	Period of validity of registration/renewal	
		From	To
(1)	(2)	(3)	(4)

7. Whether the applicant has become disabled due to sickness and incapacitated from normal work? (If so, a certificate by a Medical Officer not below the rank of Civil Surgeon of the Government Hospital under his name and seal should be enclosed in original)
8. Whether in receipt of any other pension?  
If so, furnish complete details :

Signature/Thumb impression of the registered  
manual worker

**DECLARATION\***

I hereby declare that the facts mentioned above are true to the best of my knowledge and information. I am not a registered worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as disability pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place: Signature/Thumb impression of the registered manual worker

Date: Name :

\* Any false declaration/ certification will entail legal action

---

Note : 1. Besides the photograph affixed above another passport size photograph should be enclosed with the application.  
2. Incomplete applications will not be considered.

**SANCTION**

I hereby sanction, after due verification, a monthly pension of Rs...../- (Rupees..... only ) with effect from..... The amount shall be sent by Money Order.

Office Seal:

Place :

**Labour Officer ( Social Security Scheme )**

**Date :**

.....**district.**

---

**ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....(Address in full) .....  
.....(Registration No. ....)  
application for sanction of disability pension.

Labour Officer ( Social Security Scheme )  
..... district with date

Name:

Office Seal :

Designation: .”;

---



(20) for Form-IX, the following Form shall be substituted, namely:-

**“FORM – IX**  
**[See Clause 19(2) and 20(2)]**

**APPLICATION FOR PAYMENT OF FUNERAL EXPENSES/  
NATURAL DEATH ASSISTANCE**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

6. Name of the deceased registered manual worker:
7. Address in full (at the time of death):
8. Age (on the date of death) :
9. Nature of work :
10. (a) Registration Number and date of initial registration.  
(Original Identity card should be enclosed).
- (b) Date of last renewal, indicating the  
period upto which renewed
6. (a) Place of death
- (b) Date of death
- (c) Cause of death (to be indicated clearly) :  
(Avoid indicating as “Natural Death”)  
(Death Certificate in original shall be enclosed)
7. (a) Name of the nominee :
- (b) Age on the nominee (in completed years):
- (c) Address of the nominee in full indicating PIN Code:
- (d) Relationship of the nominee with the deceased  
registered manual worker

Signature/Thumb impression of the nominee of the  
registered manual worker

**DECLARATION OF THE NOMINEE \***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for death/funeral expenses of the deceased manual worker.

I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :

Signature/Thumb impression of the  
nominee of the registered manual worker

\*Any false declaration/ certification will entail legal action

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application are correct.

Place:

Date:

Members, ..... Tamil Nadu .....

Welfare Board / President/Secretary of the Registered Trade

Union of the Employment concerned/Assistant Inspector  
of Labour concerned /Any other officer permitted to give  
employment certificate.

\* Any false declaration/ certification will entail legal action

---

**SANCTION**

2. I hereby sanction, after due verification, a sum of Rs.                      /- (Rupees  
only) as assistance to Thiru/Tmt/Selvi. ...., nominee / nominees, for the funeral  
of Thiru/Thirumathi/Selvi ..... a registered manual worker.

2. I hereby sanction, after due verification, a sum of Rs.                      /-(Rupees  
only) as assistance to Thiru/Tmt/Selvi....., nominee/nominees, on the natural death of  
Thiru/Thirumathi/Selvi .....a registered manual worker.

Office Seal:

Place :

**Labour Officer ( Social Security Scheme )**

**Date :**

.....district.

---

**ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....  
.....claim application for  
sanction of Funeral/Natural death assistance in respect of deceased registered manual worker  
Selvi/Thiru/Tmt. .... (Registration No.                      )

Labour Officer ( Social Security Scheme

)......

district with date

Name:

Office Seal :

Designation:

.”;

(21) for Form-X, the following Form shall be substituted, namely:-

**FORM-X**  
**[See Clause 21(3)]**  
**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR PASS IN**  
**10<sup>TH</sup> STANDARD AND 12<sup>TH</sup> STANDARD EXAMINATION.**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

- (iii) Name of the registered manual worker.  
(iv)(a) Registration Number and date of initial registration.  
(Original Identity card should be enclosed).  
(b) Date of last renewal, indicating the  
period upto which renewed  
3. Address (in full) with PIN Code :  
4. Details of family members of the registered  
manual worker: -

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought for:-

Sl. No.	Name (Son/Daughter)	Date of Birth	Examination passed	Month and Year of Pass	Name of the School studied
(1)	(2)	(3)	(4)	(5)	(6)

**Note:-** Xerox copy of the Mark Sheet in support of having passed the Examination, duly attested by a Group A or Group B Officer should be enclosed.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing assistance	Amount of assistance (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker

**DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance. I further declare that I have not availed similar assistance from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :  
of

Signature/Thumb impression

the registered manual worker

\* Any false declaration/ certification will entail legal action .

### **CERTIFICATE\***

I hereby certify that the particulars furnished in the application are correct.

Place:

Date:

Nadu.....

Members, ..... Tamil

Welfare Board /  
President/Secretary of the Regd. Trade Union of the  
Employment concerned/ Assistant

Inspector

of Labour concerned /Any other officer permitted  
to give employment certificate.

\* Any false declaration/ certification will entail legal action .

---

### **SANCTION**

I hereby sanction, after due verification a sum of Rs...../- (Rupees ..... only) as educational assistance, in respect of \*Selvan/\*Selvi..... \* son/\*daughter of \*Thiru/Tmt..... registered manual worker (Registration No..... ).

Office Seal:

Place:

.....district

Date :

\* Strikeout whichever is not applicable

Labour Officer ( Social Security Scheme )

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### **ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt./ Selvi/ ..... (Registration No.....) claim application for sanction of educational assistance .

Labour Officer ( Social Security Scheme )  
..... district with date

Name:

Office Seal :

Designation: .”;

(22) for Form-XI, the following Form shall be substituted, namely:-

**“FORM-XI**  
**[See Clause 21(3)]**  
**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR GIRL CHILDREN**  
**STUDYING**  
**IN 10<sup>TH</sup> STANDARD/ 11<sup>TH</sup> STANDARD / 12<sup>TH</sup> STANDARD.**

To  
The Labour Officer ( Social Security Scheme  
..... district.

3. Name of the registered manual worker.
4. (a) Registration Number and date of initial registration  
(Original identity card should be enclosed).
- (b) Date of last renewal, indicating the  
period upto which renewed
3. Address (in full) with PIN Code :
4. Details of family members of the registered manual  
worker :

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the daughter for whom Educational Assistance is sought for:-

Sl. No.	Name	Date of Birth	Standard in which studying (Std. 10 <sup>th</sup> /11 <sup>th</sup> / 12 <sup>th</sup> )	Year of Study (indicate the academic year)	Name of the school with full address
(1)	(2)	(3)	(4)	(5)	(6)

**Note:-** Certificate from the Head Master/Principal of the School to the effect that the daughter of the registered manual worker is studying the course, should be enclosed.

6. Number of children for whom the assistance has already been availed from the Board:

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing the assistance	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of  
the registered manual worker.

**DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I

hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date : Signature/Thumb impression of the registered manual worker.

\*Any false declaration/ certification will entail legal action .

### **CERTIFICATE\***

I hereby certify that the particulars furnished in the application are correct.

Place:

Date: Members, ..... Tamil Nadu .....  
Welfare Board /  
President/Secretary of the Registered. Trade  
Union  
of the Employment concerned/ / Assistant  
Inspector  
of Labour concerned /Any other officer permitted  
to give employment certificate.

\* Any false declaration/ certification will entail legal action ..

---

### **SANCTION**

I hereby sanction, after due verification, a sum of Rs...../- (Rupees.....only) to the claimant as educational assistance, in respect of Selvi..... daughter of Thiru/Tmt..... registered manual worker (Registration No.....).

**Office Seal:**

**Place** Labour Officer ( Social Security Scheme ) .....district  
**Date**

---

### **ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. .... registered manual worker  
(Registration No.....), claim application for sanction of educational assistance.

Labour Officer ( Social Security Scheme ) ..... district with date  
Name:

Office Seal :

Designation: .”;

---

---

(23) for Form-XII, the following Form shall be substituted, namely:-

**“FORM-XII**  
**[See Clause 21(3)]**

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR HIGHER EDUCATION**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

3. Name of the registered manual worker.
4. a) Registration Number and date of initial registration  
(Original identity card should be enclosed).  
b) Date of last renewal, indicating the  
period upto which renewed
3. Address (in full) with PIN Code :
4. Details of family members of the registered  
manual worker :

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought :-

Sl. No.	Name	Date of Birth	Name of the course studying	Duration of the course	Name of the College/Institution with address in full
(1)	(2)	(3)	(4)	(5)	(6)

**Note:** - Certificate from the Principal of the College/Educational institution to the effect that the son or daughter of the registered manual worker is studying the course indicating whether a day scholar or hosteller should be enclosed in original.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Years of availing assistance Rs.	Amount of assistance

(1)	(2)	(3)	(4)	(5)	(6)

Signature/ Thumb impression of the registered manual worker.

**DECLARATION BY THE APPLICANT.\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefit by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date

Signature/Thumb impression of the registered manual worker.

\* Any false declaration/ certification will entail legal action .

**CERTIFICATE\***

I hereby certify that the above particulars are correct.

Place:

Date:

Members, ..... Tamil Nadu.....

Welfare Board /

President/Secretary of the Registered. Trade Union

of the Employment concerned/ / Assistant

Inspector

of Labour concerned /Any other officer permitted to give employment certificate.

\*Any false declaration/ certification will entail legal action ..

**SANCTION**

I hereby sanction, after due verification, a sum of Rs...../- (Rupees ..... only) towards educational assistance in respect of \*Selvi/\*Selvan .....(\*son /\*daughter) of \*Thiru/\*Tmt..... registered manual worker (Registration number.....).

Place:

Labour Officer, ( Social Security Scheme )

..... district

Date

\* Strikeout whichever is not applicable

**ACKNOWLEDGEMENT SLIP**



Received from Thiru/Tmt. .... registered manual worker (Registration No. .... ) claim application for sanction of educational assistance.

Labour Officer ( Social Security Scheme ) .....  
district with date

Office Seal :                      Name:  
Designation:                      .”;

---

(24) for Form-XIII, the following Form shall be substituted, namely:-

**“FORM – XIII**  
**[See Clause 22(4)]**

**APPLICATION FOR PAYMENT OF MARRIAGE ASSISTANCE**

To  
The Labour Officer ( Social Security Scheme )  
.....district.

- (3) Name of the registered manual worker.
- (4) Registration Number and date of initial registration  
(Original identity card should be enclosed).
- 3. Address in full with PIN Code:
- 4. (a)Particulars of the members of the family of the registered manual worker :

<u>Sl No.</u>	<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Marital Status</u>
(1)	(2)	(3)	(4)	(5)

---

- (b) (i) Name of the person for whose marriage the assistance is sought for
- (ii) Relationship to the registered manual worker:
- (iii) Age in completed years on the date of marriage:
- (c) Names of the couple: (i) Bride  
(ii) Groom
- (d) Date and venue of the marriage  
(Marriage invitation to be enclosed in original) :
- (e) Has the marriage assistance been availed earlier from the Board?  
If so, furnish details:

the

Signature/Thumb impression of  
registered manual worker.

**DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance for the marriage of self/daughter/son.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date :

the

Signature/Thumb impression of  
registered manual worker.

\*Any false declaration/ certification will entail legal action ..

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**CERTIFICATE\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date:

Nadu.....

Members, ..... Tamil

Welfare Board/

President/Secretary of the Regd. Trade Union of  
Employment concerned// Assistant

the

Inspector

of Labour concerned /Any other officer permitted  
to give employment certificate.

\*Any false declaration/ certification will entail legal action ..

---

**SANCTION**

I hereby sanction, after due verification, a sum of Rs...../- (Rupees ..... only) towards marriage assistance of the son / daughter / self of Thiru/Tmt....., registered manual worker of the Board (Registration number.....)

**Labour Officer ( Social Security Scheme )**  
..... district.

Received from Thiru/Tmt. ....(Registration No. .... )  
 .....claim application for  
 sanction of marriage assistance.

Office Seal : \_\_\_\_\_ Name: \_\_\_\_\_  
Designation: \_\_\_\_\_”;

**“FORM – XIV**  
**[See clause 23(3)]**  
**APPLICATION FOR PAYMENT OF MATERNITY ASSISTANCE**  
**FOR PREGNANCY OR MISCARRIAGE OR TERMINATION OF PREGNANCY BY**  
**A REGISTERED FEMALE MANUAL WORKER**

3. Name of the registered female manual worker :
4. (a) Registration Number and date of initial registration  
(Original Identity card should be enclosed).  
(b) Date of last renewal indicating the  
period upto which renewed
3. Address (in full) with PIN Code :
4. Particulars of surviving son/daughter of the registered  
female manual worker:

Sl. No.	Name	Sex	Date of Birth	Age
(1)	(2)	(3)	(4)	(5)

Signature/Thumb impression

of the

registered manual worker.

**DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :  
the

Signature/Thumb impression of

registered female manual worker.

---

\*Any false declaration/ certification will entail legal action ..

---

**Note.-** (i) The Birth Certificate from the Registrar of Births of the area concerned should be obtained and sent in original for release of the assistance after the date of delivery.

(ii) In the event of untoward demise of the registered female manual worker after the 7<sup>th</sup> month of pregnancy either before delivery or three months after delivery, the fact should be reported to the Medical Officer of Primary Health Centre concerned and for Chennai district to the Health Officer concerned, immediately along with the Death Certificate in original, for sanction of Funeral Expenses (or) Natural death assistance as admissible under the Scheme.

---

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date:

Members, ..... Tamil Nadu.....

Welfare Board/

President/Secretary of the Regd. Trade Union of the

Employment concerned// Assistant Inspector

of Labour concerned /Any other officer permitted  
to give employment certificate.

\*Any false declaration/ certification will entail legal action ..

---

**SANCTION**

I hereby sanction, after due verification, for the payment of assistance of Rs...../- (Rupees..... only) to Tmt.....registered female manual worker (Registration No.....) \*at the time of seventh month of pregnancy / \*on delivery of child / \*for miscarriage of pregnancy /\* termination of pregnancy (\* Strike out whichever is not applicable).

Office Seal:

Labour Officer (Social Security  
Scheme).....district

## **ACKNOWLEDGEMENT SLIP**

Received from Tmt. .... registered female manual worker (Registration Number.....) claim application for sanction of maternity assistance for \*pregnancy/\*miscarriage of pregnancy /\*termination of pregnancy in respect of the registered female manual worker .

Labour Officer (Social Security Scheme)  
.....district

\* Strikeout whichever is not applicable

Name:  
Designation: .”;

Office Seal :

---

(26) for Form-XV, the following Form shall be substituted, namely :-

### **“FORM – XV**

[See Clause 24(3)]

### **APPLICATION FOR REIMBURSEMENT OF COST ON PURCHASE OF SPECTACLES BY THE REGISTERED MANUAL WORKER**

To  
The Labour Officer(Social Security Scheme)  
..... district.

3. Name of the registered manual worker.
4. (a) Registration Number and date of initial registration.  
(Original identity card should be enclosed).
- (b) Date of last renewal indicating the  
period upto which renewed
3. Address in full with PIN code:
4. Date of purchase of spectacles and its actual cost :
5. Whether certificate issued by a registered  
Ophthalmist is enclosed in original? :
6. Whether cash bill is enclosed in original? :

Signature/Thumb impression of

the  
registered manual worker.

---

### **DECLARATION BY THE APPLICANT\***

(i) I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount reimbursed towards purchase of spectacles for myself.

(ii) I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :  
impression of the

Signature/Thumb  
registered manual worker.

\*Any false declaration/ certification will entail legal action .

---

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date:

Member ..... Tamil Nadu.....

Welfare Board

President/Secretary of the Registered Trade Union of the  
Employment/ Assistant Inspector of Labour concerned

/Any

other officer permitted to give employment certificate.

\*Any false declaration/ certification will entail legal action .

**SANCTION**

I hereby sanction, after due verification, the reimbursement of a sum of Rs...../(Rupees  
..... only) to Selvi/Thiru/Tmt....., towards the actual cost on purchase  
of spectacles for himself/herself.

Office Seal:

The Labour Officer(Social Security Scheme)  
..... district

---

**ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt./ Selvi ..... registered manual worker  
(Registration No.....) application for reimbursement of cost on purchase of spectacles  
for himself/herself.

The Labour Officer(Social Security Scheme)  
..... district .....with

date

Office Seal :

Name:

Designation: .”.

---

## **NOTIFICATION –VII.**

In exercise of the powers conferred by section 4 read with section 3 of the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 (Tamil Nadu Act 33 of 1982), the Governor of Tamil Nadu, after consultation with the Advisory Committee, hereby makes the following amendments to the Tamil Nadu Tailoring Workers Social Security and Welfare Scheme, 2006.

2. The amendments hereby made shall come into force on the 31<sup>st</sup> day of October, 2008.

### **AMENDMENTS**

In the said Scheme, -

- (1) in clause 9,-

(i) in sub-clause (1), after the expression “Board”, the expression “through the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

(ii) in sub-clause (2),-

(a ) after the expression “such registration shall be made”, the expression “in duplicate to the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

( b ) after item (c), the following item shall be added, namely:-

“(d) Village Administrative Officer and for Chennai district, the Revenue Inspector concerned.”;

(iii) for sub-clause (3), the following sub-clause shall be substituted, namely:-

“(3) (a) The registration of the name of the manual worker with the Board shall be made by the Labour Officer (Social Security Scheme) of the respective district after due verification by the respective Village Administrative Officer and for Chennai district, by the Revenue Inspector concerned.

(b) The registration under this clause is valid for a period of two years or until the registered manual worker attains the age of sixty years, whichever is earlier.”;

(iv) in sub-clauses (4) and (5), for the expression “Board or district or local office” wherever it occurs, the expression “Labour Officer ( Social Security Scheme ) of the respective district ” shall be substituted;

(v) in sub-clause (6), after item (c), the following item shall be added, namely:-

“(d) Where the nomination made is incomplete or becomes void, the assistance shall be released to the legal heirs of the deceased registered manual worker.”;

(2) in clause 10,-

(ii) in sub-clauses (1) and (2), for the expression “Executive Officer”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(3) in clause 11, in sub-clause (4), after the expression “Board”, the expression “and the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

(4) in clause 14, in sub-clause (3), for the expression “Executive Officer or any other officer authorised in this behalf by the Board”, the expression “Labour Officer ( Social Security Scheme ) of the respective district, after due verification” shall be substituted;

(5) in clause 15, for the expression “Chief Executive Officer or any other officer authorised by the Chief Executive Officer in this behalf”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(6) in clause 17,-

(i) in sub-clause (1), after the expression “Personal Accident Relief”, the following expression shall be added, namely:-

“and where the accident results in death, their nominees are eligible for Personal Accident Relief.”;

(ii) in sub-clause (3),-

(a) in item (a), for the expression “Board”, occurring in three places, the expression “Labour Officer ( Social Security Scheme ) of the respective district ” shall be substituted;

(b) in item (e), for the expression “ Board or any Officer authorised in this behalf ”, the expression “ Labour Officer ( Social Security Scheme ) of the respective district ” shall be substituted;

(7) in clause 18,-

7. in sub-clause (2), for the expression “Board” occurring in five places, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

8. in sub-clause (3), for the expression “ Rs.300 (Rupees three hundred only)”, the expression “Rs.400 (Rupees four hundred only)” shall be substituted;

(8) in clause 19,-

(i) in sub-clause (1), for the expression “Secretary or any other officer authorised in this



behalf by the Board”, the expression “Labour Officer ( Social Security Scheme ) of the respective district, after due verification” shall be substituted;

(ii) in sub-clause (2), the expression “by the Board” shall be omitted;

(9) in clause 20, in sub-clause (1), for the expression “Secretary or any other Officer authorized in this behalf by the Board” , the expression “Labour Officer ( Social Security Scheme ) of the respective district, after due verification” shall be substituted;

(10) in clause 21,-

(v) for sub-clause (1), the following sub-clause shall be substituted, namely:-

“(1) The assistance for the education of the children of a registered manual worker shall be sanctioned by the Labour Officer ( Social Security Scheme ) of the respective district, after due verification, as specified in the Table below:-

**THE TABLE.**

Serial Number	Form	Course of Study	Day Scholar		Hosteller	
			Boys	Girls	Boys	Girls
			Rs.	Rs.	Rs.	Rs.
1	XI	10 <sup>th</sup> Std., Studying-Girl children only	---	1,000	---	---
2	X	10 <sup>th</sup> Std., passed	1,000	1,000	---	---
3	XI	11 <sup>th</sup> Std., Studying-Girl children only	---	1,000	---	---
4	XI	12 <sup>th</sup> Std. Studying – Girl children only	---	1,500	---	---
5	X	12 <sup>th</sup> Std. passed	1,500	1,500	---	---
6	XII	Studying regular Bachelor Degree course (Every academic year)	1,500	1,500	1,750	1,750
7	XII	Studying regular Post Graduate course ( Every academic year )	2,000	2,000	3,000	3,000
8	XII	Studying regular Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses . ( Every academic year )	2,000	2,000	4,000	4,000

9	XII	Studying regular Post Graduate Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses ( Every academic year )	4,000	4,000	6,000	6,000
10	XII	Studying ITI or Polytechnic course (Every academic year)	1,000	1,000	1,200	1,200

.”;

(vi) for sub-clause (3), the following sub-clause shall be substituted, namely:-

“ (3) The application for assistances specified in serial numbers 2 and 5 in column (1) of the Table in sub-clause (1) shall be in Form X to be submitted after passing of the course, the application for assistances specified in serial numbers 6 to 10 in column (1) of the said Table shall be in Form XII to be submitted before completion and passing of the course and the application for assistances specified in serial numbers 1,3 and 4 shall be in Form XI to be submitted before completion and passing of the course.”;

(11) in clause 22, in sub-clause (1), for the expression “Secretary or any other Officer authorised in this behalf by the Board, shall on an application from a registered manual worker”, the expression “Labour Officer ( Social Security Scheme ) of the respective district shall, on an application from a registered manual worker, after due verification” shall be substituted;

(12) in clause 23, for sub-clause (1), the following sub-clause shall be substituted, namely:-

“(1) The Labour Officer ( Social Security Scheme ) of the respective district shall, on an application from a registered female manual worker, sanction the assistance as indicated below, after due verification of the proof produced by her of her pregnancy or delivery of child by her or the miscarriage of her pregnancy or the termination of pregnancy:-

(i) Pregnancy - Rs.6,000/-  
(Rs.3,000/- shall be paid on the seventh month of pregnancy and remaining Rs.3,000/- shall be paid on delivery of the child)

(ii) Miscarriage of pregnancy -Rs.3,000/-

(iii) Termination of pregnancy -Rs.3,000/-.”;

(13) in clause 24,-

(i) in sub-clause (1), for the expression “Secretary or any other officer authorised in this behalf by the Board, shall on an application From XV from a registered manual worker”, the expression “Labour Officer ( Social Security Scheme ) of the respective district, shall on an application From XV from a registered manual worker, after due

verification” shall be substituted;

(ii) for sub-clause (2), the following sub-clause shall be substituted, namely:-

“(2) The assistance shall be restricted to 65 registered manual workers per year in each district on “First come – First serve” basis depending upon the applications received.”;

(14) for Form I, the following Form shall be substituted, namely :-

**“FORM – I**  
**[See Clause 9(2)]**

**APPLICATION FOR REGISTRATION**

To  
The Labour Officer (Social Security Scheme),  
..... district.

Affix  
Passport  
size  
photograph

Registration No.....  
(to be filled in by the Registration Authority)

1. Name of the Worker :
2. Name of the Father/Husband :
3. Date of birth  
(Enclose Xerox Copy of evidence Day Month Year  
in proof duly attested by a Group A  
or Group B Officer)\*
4. Marital Status  
(Whether married, unmarried, widow/widower) :
5. Permanent address :
6. Present address :
7. State whether self-employed or employed :
8. If employed, furnish the name and address  
of the establishment and also the name and  
address of the employer/contractor :
9. Nature of work :
10. Number of years engaged in the employment  
as on the date of application :
11. Particulars of the members of the family

Sl. No.	Name	Age	Relationship	Marital status
(1)	(2)	(3)	(4)	(5)

12. (a) Whether the wife/husband is employed ? :  
(b) If so furnish details
13. Nomination for receipt of Natural Death/Accidental  
Death Assistance :

Name and address ** of the nominee/nominees (1)	Nominee's Relationship with the worker (2)	Age of the nominee (3)	Percentage of amount to paid to each nominee (4)
---	--	------------------------------	--

\*(i) Birth Certificate or (ii) School Certificate or (iii) Driving Licence or (iv) Ration Card or (v) Voter's identity card or (vi) Certificate from Registered Medical Practitioner not below the rank of Civil Surgeon of a Government Hospital in the prescribed format duly signed by the worker.

\*\* Nominees shall be dependant Family Members.

Signature or left hand thumb impression of the manual worker.  
(Left hand thumb impression to be attested by the Registration Authority)

### **DECLARATION BY THE APPLICANT.\*\*\***

I declare that I am not registered as a member in any other Manual Workers Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Signature or left hand thumb impression of the manual worker.  
(Left hand thumb impression to be attested by the Registration Authority)

\*\*\* Any false declaration/ certification will entail legal action.

### **CERTIFICATE OF EMPLOYMENT\*\*\*.**

Certified that the particulars furnished by Thiru/Thirumathi/ Selvi....., regarding employment as a manual worker in the application for registration are true to the best of my knowledge and belief.

Place:

Date :

Signature and name of the person /  
Officer issuing the certificate

\*\*\* Any false declaration/ certification will entail legal action

### **VERIFICATION CERTIFICATE.**

After due verification it is certified that the particulars furnished in the application and the proof of age are found correct and recommended for registration.

Place:

Date:

Village Administrative Officer /  
Revenue Inspector (for Chennai district)

---

**Office Note:-**

Application and proof verified. The recommendation of the .....is accepted and the applicant is registered as member of the Tamil Nadu ..... Welfare Board . Application for membership rejected (In case of rejection, reason should be clearly mentioned).

**Labour Officer ( Social Security Scheme )**  
.....district

---

**ACKNOWLEDGEMENT SLIP.**

Received from Selvi/Thiru/Tmt. ....residing at  
..... application for registration as manual worker in the Tamil  
Nadu ..... Welfare Board.

Office Seal:  
).....

Labour Officer ( Social Security Scheme  
district with date  
Name :  
Designation : ..".

---

(15) in Form II,-

- under the heading “SCHEME ASSISTANCES OF THE BOARD”, in serial number 8, against the entry “Pension”, for the expression “300”, the expression “400” shall be substituted;
- under the heading “Details of Scheme Assistance provided to the worker”, in the Table, for the expression “Name of the Beneficiary”, the expression “Name of the person” shall be substituted;
- under the heading “GENERAL INSTRUCTIONS”,-
  - (a) for the expression “Assistant Inspector of Labour”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;
  - (b) for the expression “Board” occurring in three places, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(16) in FORM - VI, for the expression “The Secretary,”, the expression “The Labour Officer (Social Security Scheme ), ..... district.” shall be substituted;

(17) for FORM - VII, the following Form shall be substituted, namely.-

**“FORM – VII**  
**[See Clause 17(3)(b)]**  
**APPLICATION FOR PAYMENT OF COMPENSATION FOR**  
**ACCIDENTAL DEATH/ DISABILITY**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

- |     |   |   |   |
|-----|---|---|---|
| 10. | (a)Name of the registered manual worker                     | } | : |
|     | (b)Address (in full)  |   |   |
|     | (on the date of death/ disability)                          | : |   |
|     | (c) Age   |   |   |
|     | (d) Registration number and date of                         |   |   |
|     | initial registration  | : |   |
|     | (e) Renewal date  | : |   |
|     | (f) Occupation  | : |   |
| 2.  | (a)Area   | : |   |
|     | (b)Place  | : |   |
|     | (c)District   | : |   |
| 3.  | (a) Name of the nominee                                     | : |   |
|     | (b) Relationship with the deceased registered manual worker |   |   |
|     | (in the case of accidental death only)                      |   |   |

- (c) Age of the nominee :
- (d) Address in full (with PIN) :
4. Whether the claimant is the registered worker himself (in the case of accidental disability) or the nominee of the registered manual worker? :
5. Date and time of accident :
6. Place of accident :
- (a) at the work place :
- (b) outside the work place :
7. Whether intimation regarding accident has been given in Form - VI as per clause 17 (3) (a)? :
8. Whether the accident resulted in death/ loss of limb/loss of eye sight/partial injury?
9. In the case of accidental disability, a certificate from a Civil Surgeon of the Government Hospital indicating the percentage of disability due to accident with details should be obtained and enclosed in original. :
- 10 (i) Date and time of death (in the case of accidental death) :
- (ii) Attested copy of First Information Report. from the Police Station nearer to the place of accident to be enclosed :
- (iii) Post-Mortem Certificate and final Investigation Report should be sent in original :
- (iv) Death Certificate (attested copy) should be enclosed :

worker / \_\_\_\_\_ Signature/Thumb impression of the registered manual  
nominee in case of death.

### **DECLARATION BY THE CLAIMANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for accidental death/disability. I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date : \_\_\_\_\_ Signature/Thumb impression of the registered manual worker /  
nominee in case of death.

\* Any false declaration/ certification will entail legal action.

---

### **SANCTION**

I hereby sanction, after due verification, for payment of Rs...../- (Rupees ...only) towards accidental death/disability to Selvi/Thiru/Tmt. .... nominee of the deceased manual worker (Registration Number..... ) / registered worker (Registration Number.....) himself.

Place: Labour Officer ( Social Security Scheme )  
Date: .....district.

(Affix Rubber Stamp)

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. .... application for sanction of assistance towards accidental death/disability in respect of deceased registered manual worker Selvi/Thiru/Tmt. .... (Registration Number .....)/registered manual worker Selvi/Thiru/Tmt. ....(Registration Number .....).

Labour Officer ( Social Security Scheme ) .....  
district with date

Office Seal :

Name:  
Designation: .”;

(18) for Form-VIII, the following Form shall be substituted, namely:-

### **“FORM -VIII [See Clause 18(2)]**

### **APPLICATION FOR PENSION**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

1. Name of the Applicant : :
2. Address in full (to which pension is to be sent) (with PIN code) :

Passport size  
photograph  
duly signed



3. Registration number and date :  
(Original identity Card should be enclosed)
4. Age and date of completion of  
60 years of age :
5. Date of completion of continuous period of  
five years as registered manual worker of the Board :
6. Whether the registration has been renewed  
regularly without any default? If so,  
details may be furnished :

Sl. No. (1)	Date of initial registration/ subsequent renewal (2)	Period of validity of registration/renewal	
		From (3)	To (4)

7. Whether in receipt of any other pension?  
If so, furnish complete details :

Signature/Thumb impression of the  
registered manual worker.

### **DECLARATION\***

I hereby certify that the facts mentioned above are true to the best of my knowledge and information. I am not a registered manual worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place: Signature/Thumb impression of the registered manual worker.

Date: Name :

\*Any false declaration/ certification will entail legal action

Note : 1. Besides the photograph affixed above, another passport size  
photograph should be enclosed with the application.

11. Incomplete applications will not be considered.

### **SANCTION**

I hereby sanction, after due verification, a monthly pension of Rs...../-  
(Rupees..... only) with effect from..... The amount shall be  
sent by Money Order.

Place : Labour Officer ( Social Security Scheme )

Date : .....district.

---

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....(Address in full) .....  
.....(Registration No. ....)  
application for sanction of pension.

Labour Officer ( Social Security Scheme ) ..... district with date

Name:

Office Seal :

Designation: .”;

—

(19) for Form-VIII-A, the following Form shall be substituted, namely:-

**“FORM -VIII-A**

**[See Clause 18(2)]**

**APPLICATION FOR DISABILITY PENSION**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

Passport size  
photograph  
duly signed

1. Name of the applicant :
2. Address in full (to which pension is to be sent) (with PIN code) :
3. Registration number and date :  
(Original identity card should be enclosed)
4. Age and date of completion of 60 years of age :
5. Date of completion of continuous period of five years as registered manual worker of the Board :
6. Whether the registration has been renewed regularly without any default? If so, details may be furnished :

Sl. No.	Date of initial registration/ subsequent renewal	Period of validity of registration/renewal	
		From	To
(1)	(2)	(3)	(4)

7. Whether the applicant has become disabled due to sickness and incapacitated from normal work? (If so, a certificate by a Medical Officer not below the rank of Civil Surgeon of the Government Hospital under his name and seal should be enclosed in original)

8. Whether in receipt of any other pension?

If so, furnish complete details :

Signature/Thumb impression of the registered  
manual worker

### **DECLARATION\***

I hereby declare that the facts mentioned above are true to the best of my knowledge and information. I am not a registered worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as disability pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place: \_\_\_\_\_ Signature/Thumb impression of the registered manual worker

Date: \_\_\_\_\_ Name :

\* Any false declaration/ certification will entail legal action

Note : 1. Besides the photograph affixed above another passport size photograph should be enclosed with the application.

2. Incomplete applications will not be considered.

### **SANCTION**

I hereby sanction, after due verification, a monthly pension of Rs...../- (Rupees..... only ) with effect from..... The amount shall be sent by Money Order.

Office Seal:

Place :

**Labour Officer ( Social Security Scheme )**

Date :

.....district.

---

—

**ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....(Address in full) .....  
.....(Registration No. ....)  
application for sanction of disability pension.

Labour Officer ( Social Security Scheme ) ..... district with date  
Name:  
Designation: .”;

Office Seal :

---

—

(20) for Form-IX, the following Form shall be substituted, namely:-

**“FORM – IX**  
**[See Clause 19(2) and 20(2)]**

**APPLICATION FOR PAYMENT OF FUNERAL EXPENSES/  
NATURAL DEATH ASSISTANCE**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

11. Name of the deceased registered manual worker:
12. Address in full (at the time of death):
13. Age (on the date of death) :
14. Nature of work :
15. (a) Registration Number and date of initial registration.  
(Original Identity card should be enclosed).  
(b) Date of last renewal, indicating the  
period upto which renewed
6. (a) Place of death  
(b) Date of death  
(c) Cause of death (to be indicated clearly) :  
(Avoid indicating as “Natural Death”)  
(Death Certificate in original shall be enclosed)
7. (a) Name of the nominee :  
(b) Age on the nominee (in completed years):  
(c) Address of the nominee in full indicating PIN Code:  
(d) Relationship of the nominee with the deceased  
registered manual worker

Signature/Thumb impression of the nominee of the  
registered manual worker

**DECLARATION OF THE NOMINEE \***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for death/funeral expenses of the deceased manual worker.

I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :

Signature/Thumb impression of the  
nominee of the registered manual worker

\*Any false declaration/ certification will entail legal action

### **CERTIFICATE\***

I hereby certify that the particulars furnished in the application are correct.

Place:

Date:

Members, ..... Tamil Nadu .....

Welfare Board / President/Secretary of the Registered Trade

Union of the Employment concerned/Assistant Inspector  
of Labour concerned /Any other officer permitted to give  
employment certificate.

\* Any false declaration/ certification will entail legal action

---

### **SANCTION**

3. I hereby sanction, after due verification, a sum of Rs.                      /- (Rupees  
only) as assistance to Thiru/Tmt/Selvi. ...., nominee / nominees, for the funeral  
of Thiru/Thirumathi/Selvi ..... a registered manual worker.

2. I hereby sanction, after due verification, a sum of Rs.                      /-(Rupees  
only) as assistance to Thiru/Tmt/Selvi....., nominee/nominees, on the natural death of  
Thiru/Thirumathi/Selvi .....a registered manual worker.

Office Seal:

Place :

**Labour Officer ( Social Security Scheme )**

**Date :**

.....district.

---

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....  
.....claim application for  
sanction of Funeral/Natural death assistance in respect of deceased registered manual worker  
Selvi/Thiru/Tmt. .... (Registration No.                      )

Labour Officer ( Social Security Scheme ).....  
district with date

Name:

Office Seal :

Designation:

.”;

(21) for Form-X, the following Form shall be substituted, namely:-

**FORM-X**

[See Clause 21(3)]

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR PASS IN  
10<sup>TH</sup> STANDARD AND 12<sup>TH</sup> STANDARD EXAMINATION.**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

- (v) Name of the registered manual worker.  
(vi)(a) Registration Number and date of initial registration.  
(Original Identity card should be enclosed).  
(b) Date of last renewal, indicating the  
period upto which renewed  
3. Address (in full) with PIN Code :  
4. Details of family members of the registered  
manual worker: -

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought for:-

Sl. No.	Name (Son/Daughter)	Date of Birth	Examination passed	Month and Year of Pass	Name of the School studied
(1)	(2)	(3)	(4)	(5)	(6)

**Note:-** Xerox copy of the Mark Sheet in support of having passed the Examination, duly attested by a Group A or Group B Officer should be enclosed.

6. Number of children for whom the educational assistance has already been availed  
from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing assistance	Amount of assistance (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker

**DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance. I further declare that I have not availed similar assistance from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :

Signature/Thumb impression of

the registered manual worker

\* Any false declaration/ certification will entail legal action .

### **CERTIFICATE\***

I hereby certify that the particulars furnished in the application are correct.

Place:

Date:

Members, ..... Tamil Nadu.....

Welfare Board /

President/Secretary of the Regd. Trade Union of the

Employment concerned/ Assistant Inspector

of Labour concerned /Any other officer permitted

to give employment certificate.

\* Any false declaration/ certification will entail legal action .

---

### **SANCTION**

I hereby sanction, after due verification a sum of Rs...../- (Rupees ..... only) as educational assistance, in respect of \*Selvan/\*Selvi..... \* son/\*daughter of \*Thiru/Tmt..... registered manual worker (Registration No..... ).

Office Seal:

Place:

Labour Officer ( Social Security Scheme ) .....district

Date :

\* Strikeout whichever is not applicable

---

### **ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt./ Selvi/ ..... (Registration No.....) claim application for sanction of educational assistance .

Labour Officer ( Social Security Scheme )

..... district with date

Name:

Office Seal :

Designation:

.”;



(22) for Form-XI, the following Form shall be substituted, namely:-

**“FORM-XI**

**[See Clause 21(3)]**

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR GIRL CHILDREN  
STUDYING  
IN 10<sup>TH</sup> STANDARD/ 11<sup>TH</sup> STANDARD / 12<sup>TH</sup> STANDARD.**

To

The Labour Officer ( Social Security Scheme

..... district.

5. Name of the registered manual worker.
6. (a) Registration Number and date of initial registration  
(Original identity card should be enclosed).
- (b) Date of last renewal, indicating the  
period upto which renewed
3. Address (in full) with PIN Code :
4. Details of family members of the registered manual  
worker :

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

**5. Details of the daughter for whom Educational Assistance is sought for:-**

Sl. No.	Name	Date of Birth	Standard in which studying (Std. 10 <sup>th</sup> /11 <sup>th</sup> / 12 <sup>th</sup> )	Year of Study (indicate the academic year)	Name of the school with full address
(1)	(2)	(3)	(4)	(5)	(6)

**Note:-** Certificate from the Head Master/Principal of the School to the effect that the daughter of the registered manual worker is studying the course, should be enclosed.

**6. Number of children for whom the assistance has already been availed from the Board:**

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing the assistance	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of  
the registered manual worker.

**DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date : Signature/Thumb impression of the registered manual worker.

\*Any false declaration/ certification will entail legal action .

### **CERTIFICATE\***

I hereby certify that the particulars furnished in the application are correct.

Place:

Date: Members, ..... Tamil Nadu .....  
Welfare Board /  
President/Secretary of the Registered. Trade Union  
of the Employment concerned/ / Assistant

Inspector

of Labour concerned /Any other officer permitted  
to give employment certificate.

\* Any false declaration/ certification will entail legal action ..

---

### **SANCTION**

I hereby sanction, after due verification, a sum of Rs...../- (Rupees.....only) to the claimant as educational assistance, in respect of Selvi..... daughter of Thiru/Tmt..... registered manual worker (Registration No.....).

**Office Seal:**

**Place** Labour Officer ( Social Security Scheme ) .....district  
**Date**

---

### **ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. .... registered manual worker  
(Registration No.....), claim application for sanction of educational assistance.

Labour Officer ( Social Security Scheme ) ..... district with date  
Name:

Office Seal : Designation: .”;

---

(23) for Form-XII, the following Form shall be substituted, namely:-

**“FORM-XII**  
**[See Clause 21(3)]**

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR HIGHER EDUCATION**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

5. Name of the registered manual worker.
6. a) Registration Number and date of initial registration  
(Original identity card should be enclosed).  
b) Date of last renewal, indicating the  
period upto which renewed
3. Address (in full) with PIN Code :
4. Details of family members of the registered  
manual worker :

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought :-

Sl. No.	Name	Date of Birth	Name of the course studying	Duration of the course	Name of the College/Institution with address in full
(1)	(2)	(3)	(4)	(5)	(6)

**Note:** - Certificate from the Principal of the College/Educational institution to the effect that the son or daughter of the registered manual worker is studying the course indicating whether a day scholar or hosteller should be enclosed in original.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Years of availing assistance Rs.	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/ Thumb impression of the registered manual worker.

**DECLARATION BY THE APPLICANT.\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefit by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date

Signature/Thumb impression of the registered manual worker.

---

\* Any false declaration/ certification will entail legal action .

---

**CERTIFICATE\***

I hereby certify that the above particulars are correct.

Place:

Date:

Members, ..... Tamil Nadu.....

Welfare Board /

President/Secretary of the Registered. Trade Union

of the Employment concerned/ / Assistant

Inspector

of Labour concerned /Any other officer permitted to give employment certificate.

---

\*Any false declaration/ certification will entail legal action ..

---

**SANCTION**

I hereby sanction, after due verification, a sum of Rs...../- (Rupees ..... only) towards educational assistance in respect of \*Selvi/\*Selvan .....(\*son /\*daughter) of \*Thiru/\*Tmt..... registered manual worker (Registration number.....).

Place:

Labour Officer, ( Social Security Scheme )  
..... district

Date

\* Strikeout whichever is not applicable

---

### **ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. .... registered manual worker (Registration No. .... ) claim application for sanction of educational assistance.

Labour Officer ( Social Security Scheme ) .....  
district with date

Name:

Office Seal :

Designation:

.”;

---

(24) for Form-XIII, the following Form shall be substituted, namely:-

**“FORM – XIII**  
**[See Clause 22(4)]**

### **APPLICATION FOR PAYMENT OF MARRIAGE ASSISTANCE**

To

The Labour Officer ( Social Security Scheme )  
.....district.

(5) Name of the registered manual worker.

(6) Registration Number and date of initial registration  
(Original identity card should be enclosed).

3. Address in full with PIN Code:

4. (a)Particulars of the members of the family of the registered  
manual worker :

<u>Sl No.</u>	<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Marital Status</u>
(1)	(2)	(3)	(4)	(5)

---

- 
- 
- (b) (i) Name of the person for whose marriage the assistance is sought for  
(ii) Relationship to the registered manual worker:  
(iii) Age in completed years on the date of marriage:  
(c) Names of the couple: (i) Bride  
(ii) Groom  
(d) Date and venue of the marriage  
(Marriage invitation to be enclosed in original) :  
(e) Has the marriage assistance been availed earlier from the Board?  
If so, furnish details:

Signature/Thumb impression of the  
registered manual worker.

**DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance for the marriage of self/daughter/son.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date :

Signature/Thumb impression of the  
registered manual worker.

\*Any false declaration/ certification will entail legal action ..

---

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date:

Members, ..... Tamil Nadu.....  
Welfare Board/

President/Secretary of the Regd. Trade Union of the  
Employment concerned// Assistant Inspector

of Labour concerned /Any other officer permitted  
to give employment certificate.

\*Any false declaration/ certification will entail legal action ..

### **SANCTION**

I hereby sanction, after due verification, a sum of Rs...../- (Rupees ..... only)  
towards marriage assistance of the son / daughter / self of Thiru/Tmt....., registered  
manual worker of the Board (Registration number.....)

**Labour Officer ( Social Security Scheme )**  
..... district.

### **ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. ....(Registration No. .... )  
.....claim application for  
sanction of marriage assistance.

**Labour Officer ( Social Security Scheme )..... district**  
**with date**

Name:

Office Seal :

Designation: .”;

(25) for Form-XIV, the following Form shall be substituted, namely:-

### **“FORM – XIV**

**[See clause 23(3)]**

### **APPLICATION FOR PAYMENT OF MATERNITY ASSISTANCE FOR PREGNANCY OR MISCARRIAGE OR TERMINATION OF PREGNANCY BY A REGISTERED FEMALE MANUAL WORKER**

To

**Labour Officer ( Social Security Scheme )**  
.....district

5. Name of the registered female manual worker :
6. (a) Registration Number and date of initial registration  
(Original Identity card should be enclosed).  
(b) Date of last renewal indicating the  
period upto which renewed
3. Address (in full) with PIN Code :
4. Particulars of surviving son/daughter of the registered  
female manual worker:

Sl. No.	Name	Sex	Date of Birth	Age
(1)	(2)	(3)	(4)	(5)

5. Month of Pregnancy\* on the date of claim application:

\*(Certificate from the Civil Assistant Surgeon of the Government Hospital in support of this should be enclosed in original)

6. Whether the claim is for pregnancy or miscarriage of pregnancy or termination of pregnancy?

If so details may be furnished. (Certificate from the Civil Assistant Surgeon of the Government Hospital to this effect should be obtained and sent in original)

7. Whether the assistance has already been

availed by the registered female manual worker?

If so, details may be furnished:

Signature/Thumb impression of the

registered manual worker.

#### **DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :

Signature/Thumb impression of the

registered female manual worker.

---

\*Any false declaration/ certification will entail legal action ..

---

**Note.-** (i) The Birth Certificate from the Registrar of Births of the area concerned should be obtained and sent in original for release of the assistance after the date of delivery.

(ii) In the event of untoward demise of the registered female manual worker after the 7<sup>th</sup> month of pregnancy either before delivery or three months after delivery, the fact should be reported to the Medical Officer of Primary Health Centre concerned and for Chennai district to the Health Officer concerned, immediately along with the Death Certificate in original, for sanction of Funeral Expenses (or) Natural death assistance as admissible under the Scheme.

---

#### **CERTIFICATE\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date:

Members, ..... Tamil Nadu.....

Welfare Board/

President/Secretary of the Regd. Trade Union of the

Employment concerned// Assistant Inspector

of Labour concerned /Any other officer permitted to give employment certificate.



\*Any false declaration/ certification will entail legal action ..

---

### **SANCTION**

I hereby sanction, after due verification, for the payment of assistance of Rs...../- (Rupees..... only) to Tmt.....registered female manual worker (Registration No.....) \*at the time of seventh month of pregnancy / \*on delivery of child / \*for miscarriage of pregnancy /\* termination of pregnancy (\* Strike out whichever is not applicable).

Office Seal:

Labour Officer (Social Security Scheme).....district

---

### **ACKNOWLEDGEMENT SLIP**

Received from Tmt. .... registered female manual worker (Registration Number.....) claim application for sanction of maternity assistance for \*pregnancy/\*miscarriage of pregnancy /\*termination of pregnancy in respect of the registered female manual worker .

\* Strikeout whichever is not applicable

Labour Officer (Social Security Scheme)  
.....district

Office Seal :

Name:  
Designation: .”;

---

(26) for Form-XV, the following Form shall be substituted, namely :-

#### **“FORM – XV**

**[See Clause 24(3)]**

#### **APPLICATION FOR REIMBURSEMENT OF COST ON PURCHASE OF SPECTACLES BY THE REGISTERED MANUAL WORKER**

To

The Labour Officer(Social Security Scheme)  
..... district.

5. Name of the registered manual worker.
6. (a) Registration Number and date of initial registration.  
(Original identity card should be enclosed).
- (b) Date of last renewal indicating the  
period upto which renewed
3. Address in full with PIN code:

4. Date of purchase of spectacles and its actual cost :  
5. Whether certificate issued by a registered  
Ophthalmist is enclosed in original? :  
6. Whether cash bill is enclosed in original? :

Signature/Thumb impression of the  
registered manual worker.

---

**DECLARATION BY THE APPLICANT\***

(i) I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount reimbursed towards purchase of spectacles for myself.

(ii) I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date : Signature/Thumb impression of the  
registered manual worker.

\*Any false declaration/ certification will entail legal action .

---

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date: Member ..... Tamil Nadu.....  
Welfare Board

President/Secretary of the Registered Trade Union of the  
Employment/ Assistant Inspector of Labour concerned

/Any

other officer permitted to give employment certificate.

\*Any false declaration/ certification will entail legal action .

**SANCTION**

I hereby sanction, after due verification, the reimbursement of a sum of Rs...../(Rupees ..... only) to Selvi/Thiru/Tmt....., towards the actual cost on purchase of spectacles for himself/herself.

Office Seal:

The Labour Officer(Social Security Scheme)  
..... district

---

**ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt./ Selvi ..... registered manual worker  
(Registration No.....) application for reimbursement of cost on purchase of spectacles for himself/herself.

The Labour Officer(Social Security Scheme)

..... district .....with  
date

Office Seal :

Name:  
Designation: .”.

—

**NOTIFICATION –VIII.**

In exercise of the powers conferred by section 4 read with section 3 of the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 (Tamil Nadu Act 33 of 1982), the Governor of Tamil Nadu, after consultation with the Advisory Committee, hereby makes the following amendments to the Tamil Nadu Palm-Tree Workers Social Security and Welfare Scheme, 2006.

2. The amendments hereby made shall come into force on the 31<sup>st</sup> day of October, 2008.

### **AMENDMENTS**

In the said Scheme, -

- (1) in clause 9,-

- (i) in sub-clause (1), after the expression “Board”, the expression “through the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

- (ii) in sub-clause (2),-

- (a ) after the expression “such registration shall be made”, the expression “in duplicate to the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

- ( b ) after item (c), the following item shall be added, namely:-

- “(d) Village Administrative Officer and for Chennai district, the Revenue Inspector concerned.”;

- (iii) for sub-clause (3), the following sub-clause shall be substituted, namely:-

- “(3) (a) The registration of the name of the manual worker with the Board shall be made by the Labour Officer (Social Security Scheme) of the respective district after due verification by the respective Village Administrative Officer and for Chennai district, by the Revenue Inspector concerned.

- (b) The registration under this clause is valid for a period of two years or until the registered manual worker attains the age of sixty years, whichever is earlier.”;

- (iv) in sub-clauses (4) and (5), for the expression “Board or district or local office” wherever it occurs, the expression “Labour Officer ( Social Security Scheme ) of the respective district ” shall be substituted;

- (v) in sub-clause (6), after item (c), the following item shall be added, namely:-

- “(d) Where the nomination made is incomplete or becomes void, the assistance shall be released to the legal heirs of the deceased registered manual worker.”;

(2) in clause 10,-

(iii) in sub-clauses (1) and (2), for the expression “Executive Officer”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(3) in clause 11, in sub-clause (4), after the expression “Board”, the expression “and the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

(4) in clause 14, in sub-clause (3), for the expression “Executive Officer or any other officer authorised in this behalf by the Board”, the expression “Labour Officer ( Social Security Scheme ) of the respective district, after due verification” shall be substituted;

(5) in clause 15, for the expression “Chief Executive Officer or any other officer authorised by the Chief Executive Officer in this behalf”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(6) in clause 17,-

(i) in sub-clause (1), after the expression “Personal Accident Relief”, the following expression shall be added, namely:-

“and where the accident results in death, their nominees are eligible for Personal Accident Relief.”;

(ii) in sub-clause (3),-

(a) in item (a), for the expression “Board”, occurring in three places, the expression “Labour Officer ( Social Security Scheme ) of the respective district ” shall be substituted;

(b) in item (e), for the expression “ Board or any Officer authorised in this behalf ”, the expression “ Labour Officer ( Social Security Scheme ) of the respective district ” shall be substituted;

(7) in clause 18,-

9. in sub-clause (2), for the expression “Board” occurring in five places, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

10. in sub-clause (3), for the expression “ Rs.300 (Rupees three hundred only)”, the expression “Rs.400 (Rupees four hundred only)” shall be substituted;

(8) in clause 19,-

(i) in sub-clause (1), for the expression “Secretary or any other officer authorised in this behalf by the Board”, the expression “Labour Officer ( Social Security Scheme ) of the respective district, after due verification” shall be substituted;

- (ii) in sub-clause (2), the expression “by the Board” shall be omitted;
- (9) in clause 20, in sub-clause (1), for the expression “Secretary or any other Officer authorized in this behalf by the Board” , the expression “Labour Officer ( Social Security Scheme ) of the respective district, after due verification” shall be substituted;
- (10) in clause 21,-
- (vii) for sub-clause (1), the following sub-clause shall be substituted, namely:-  
“(1) The assistance for the education of the children of a registered manual worker shall be sanctioned by the Labour Officer ( Social Security Scheme ) of the respective district, after due verification, as specified in the Table below:-

**THE TABLE.**

Serial Number	Form	Course of Study	Day Scholar		Hosteller	
			Boys	Girls	Boys	Girls
			Rs.	Rs.	Rs.	Rs.
1	XI	10 <sup>th</sup> Std., Studying-Girl children only	---	1,000	---	---
2	X	10 <sup>th</sup> Std., passed	1,000	1,000	---	---
3	XI	11 <sup>th</sup> Std., Studying-Girl children only	---	1,000	---	---
4	XI	12 <sup>th</sup> Std. Studying – Girl children only	---	1,500	---	---
5	X	12 <sup>th</sup> Std. passed	1,500	1,500	---	---
6	XII	Studying regular Bachelor Degree course (Every academic year)	1,500	1,500	1,750	1,750
7	XII	Studying regular Post Graduate course ( Every academic year )	2,000	2,000	3,000	3,000
8	XII	Studying regular Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses . ( Every academic year )	2,000	2,000	4,000	4,000
9	XII	Studying regular Post Graduate Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses ( Every academic year )	4,000	4,000	6,000	6,000

10	XII	Studying ITI or Polytechnic course (Every academic year)	1,000	1,000	1,200	1,200
----	-----	---	-------	-------	-------	-------

.”;

(viii) for sub-clause (3), the following sub-clause shall be substituted, namely:-

“ (3) The application for assistances specified in serial numbers 2 and 5 in column (1) of the Table in sub-clause (1) shall be in Form X to be submitted after passing of the course, the application for assistances specified in serial numbers 6 to 10 in column (1) of the said Table shall be in Form XII to be submitted before completion and passing of the course and the application for assistances specified in serial numbers 1,3 and 4 shall be in Form XI to be submitted before completion and passing of the course.”;

- (11) in clause 22, in sub-clause (1), for the expression “Secretary or any other Officer authorised in this behalf by the Board, shall on an application from a registered manual worker”, the expression “Labour Officer ( Social Security Scheme ) of the respective district shall, on an application from a registered manual worker, after due verification” shall be substituted;

- (12) in clause 23, for sub-clause (1), the following sub-clause shall be substituted, namely:-

“(1) The Labour Officer ( Social Security Scheme ) of the respective district shall, on an application from a registered female manual worker, sanction the assistance as indicated below, after due verification of the proof produced by her of her pregnancy or delivery of child by her or the miscarriage of her pregnancy or the termination of pregnancy:-

(i) Pregnancy - Rs.6,000/-  
(Rs.3,000/- shall be paid on the seventh month of pregnancy and remaining Rs.3,000/- shall be paid on delivery of the child)

(ii) Miscarriage of pregnancy -Rs.3,000/-

(iii) Termination of pregnancy -Rs.3,000/-.”;

- (13) in clause 24,-

(i) in sub-clause (1), for the expression “Secretary or any other officer authorised in this behalf by the Board, shall on an application From XV from a registered manual worker”, the expression “Labour Officer ( Social Security Scheme ) of the respective district, shall on an application From XV from a registered manual worker, after due verification” shall be substituted;

(ii) for sub-clause (2), the following sub-clause shall be substituted, namely:-

“(2) The assistance shall be restricted to 65 registered manual workers per year in each district on “First come – First serve” basis depending upon the applications

received.”;

(14) for Form I, the following Form shall be substituted, namely :-

**“FORM – I**  
**[See Clause 9(2)]**

**APPLICATION FOR REGISTRATION**

To  
The Labour Officer (Social Security Scheme),  
..... district.

Affix  
Passport  
size  
photograph

Registration No.....  
(to be filled in by the Registration Authority)

1. Name of the Worker :
2. Name of the Father/Husband :
3. Date of birth :  
(Enclose Xerox Copy of evidence Day Month Year  
in proof duly attested by a Group A  
or Group B Officer)\*
4. Marital Status :  
(Whether married, unmarried, widow/widower) :
5. Permanent address :
6. Present address :
7. State whether self-employed or employed :
8. If employed, furnish the name and address  
of the establishment and also the name and  
address of the employer/contractor :
9. Nature of work :
10. Number of years engaged in the employment  
as on the date of application :
11. Particulars of the members of the family

Sl. No.	Name	Age	Relationship	Marital status
(1)	(2)	(3)	(4)	(5)

12. (a) Whether the wife/husband is employed ? :  
(b) If so furnish details
13. Nomination for receipt of Natural Death/Accidental  
Death Assistance :  
Name and address \*\* Nominee’s Relationship Age of the Percentage of amount to  
be of the nominee/nominees with the worker nominee paid to each nominee  
(1) (2) (3) (4)

\*(i) Birth Certificate or (ii) School Certificate or (iii) Driving Licence or (iv) Ration Card or



(v) Voter's identity card or (vi) Certificate from Registered Medical Practitioner not below the rank of Civil Surgeon of a Government Hospital in the prescribed format duly signed by the worker.

\*\* Nominees shall be dependant Family Members.

Signature or left hand thumb impression of the manual worker.  
(Left hand thumb impression to be attested by the Registration  
Authority)

**DECLARATION BY THE APPLICANT.\*\*\***

I declare that I am not registered as a member in any other Manual Workers Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Signature or left hand thumb impression of the manual worker.  
(Left hand thumb impression to be attested by the Registration  
Authority)

\*\*\* Any false declaration/ certification will entail legal action.

---

**CERTIFICATE OF EMPLOYMENT\*\*\*.**

Certified that the particulars furnished by Thiru/Thirumathi/ Selvi....., regarding employment as a manual worker in the application for registration are true to the best of my knowledge and belief.

Place:

Date :

Signature and name of the person /  
Officer issuing the certificate

\*\*\* Any false declaration/ certification will entail legal action

---

**VERIFICATION CERTIFICATE.**

After due verification it is certified that the particulars furnished in the application and the proof of age are found correct and recommended for registration.

Place:

Date:

Village Administrative Officer /  
Revenue Inspector (for Chennai district)

---

**Office Note:-**

Application and proof verified. The recommendation of the .....is accepted and the applicant is registered as member of the Tamil Nadu ..... Welfare Board . Application for membership rejected (In case of rejection, reason should be clearly mentioned).

**Labour Officer ( Social Security Scheme )**  
.....district

---

**ACKNOWLEDGEMENT SLIP.**

Received from Selvi/Thiru/Tmt. ....residing at  
..... application for registration as manual worker in the Tamil  
Nadu ..... Welfare Board.

Office Seal:  
).....

Labour Officer ( Social Security Scheme

district with date

Name :

Designation : .”.

---

(15) in Form II,-

- under the heading “SCHEME ASSISTANCES OF THE BOARD”, in serial number 8, against the entry “Pension”, for the expression “300”, the expression “400” shall be substituted;
- under the heading “Details of Scheme Assistance provided to the worker”, in the Table, for the expression “Name of the Beneficiary”, the expression “Name of the person” shall be substituted;
- under the heading “GENERAL INSTRUCTIONS”,-
  - (a) for the expression “Assistant Inspector of Labour”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;
  - (b) for the expression “Board” occurring in three places, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(16) in FORM - VI, for the expression “The Secretary,”, the expression “The Labour Officer (Social Security Scheme ), ..... district.” shall be substituted;

(17) for FORM - VII, the following Form shall be substituted, namely.-

**“FORM – VII**  
**[See Clause 17(3)(b)]**  
**APPLICATION FOR PAYMENT OF COMPENSATION FOR**  
**ACCIDENTAL DEATH/ DISABILITY**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

- |     |   |   |   |
|-----|---|---|---|
| 12. | (a)Name of the registered manual worker                     | } | : |
|     | (b)Address (in full)  |   |   |
|     | (on the date of death/ disability)                          | : |   |
|     | (c) Age   |   |   |
|     | (d) Registration number and date of                         |   |   |
|     | initial registration  | : |   |
|     | (e) Renewal date  | : |   |
|     | (f) Occupation  | : |   |
| 2.  | (a)Area   | : |   |
|     | (b)Place  | : |   |
|     | (c)District   | : |   |
| 3.  | (a) Name of the nominee                                     | : |   |
|     | (b) Relationship with the deceased registered manual worker |   |   |
|     | (in the case of accidental death only)                      |   |   |
|     | (c) Age of the nominee                                      | : |   |
|     | (d) Address in full (with PIN)                              |   |   |
| 4.  | Whether the claimant is the registered worker               |   |   |
|     | himself (in the case of accidental                          |   |   |
|     | disability) or the nominee of the                           |   |   |
|     | registered manual worker?                                   | : |   |
| 5.  | Date and time of accident                                   | : |   |

6. Place of accident :  
 (a) at the work place :  
 (b) outside the work place :
7. Whether intimation regarding accident has been given in Form - VI as per clause 17 (3) (a)? :
8. Whether the accident resulted in death/loss of limb/loss of eye sight/partial injury?
9. In the case of accidental disability, a certificate from a Civil Surgeon of the Government Hospital indicating the percentage of disability due to accident with details should be obtained and enclosed in original. :
- 10 (i) Date and time of death (in the case of accidental death) :  
 (ii) Attested copy of First Information Report. from the Police Station nearer to the place of accident to be enclosed :  
 (iii) Post-Mortem Certificate and final Investigation Report should be sent in original :  
 (iv) Death Certificate (attested copy) should be enclosed :

Signature/Thumb impression of the registered manual  
 worker /  
 nominee in case of death.

### **DECLARATION BY THE CLAIMANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for accidental death/disability. I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date : Signature/Thumb impression of the registered manual worker /  
 nominee in case of death.

\* Any false declaration/ certification will entail legal action.

---

### **SANCTION**

I hereby sanction, after due verification, for payment of Rs...../- (Rupees ...only) towards accidental death/disability to Selvi/Thiru/Tmt. .... nominee of the deceased manual worker (Registration Number..... ) / registered worker (Registration Number.....) himself.

Place: Labour Officer ( Social Security Scheme )  
 Date: .....district.

**(Affix Rubber Stamp)**

---

## **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. .... application for sanction  
of assistance towards accidental death/disability in respect of deceased registered manual  
worker Selvi/Thiru/Tmt. .... (Registration Number )/registered  
manual worker Selvi/Thiru/Tmt. ....(Registration Number ).

Labour Officer ( Social Security Scheme ) .....  
district with date

Office Seal :

Name:  
Designation: .”;

---

(18) for Form-VIII, the following Form shall be substituted, namely:-

### **“FORM -VIII [See Clause 18(2)]**

### **APPLICATION FOR PENSION**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

Passport size  
photograph  
duly signed

1. Name of the Applicant : :
2. Address in full (to which pension  
is to be sent) (with PIN code) :
3. Registration number and date :  
(Original identity Card should be enclosed)
4. Age and date of completion of  
60 years of age :
5. Date of completion of continuous period of  
five years as registered manual worker of the Board :
6. Whether the registration has been renewed  
regularly without any default? If so,

details may be furnished :

Sl. No. (1)	Date of initial registration/ subsequent renewal (2)	Period of validity of registration/renewal	
		From (3)	To (4)

7. Whether in receipt of any other pension?

If so, furnish complete details :

registered \_\_\_\_\_ Signature/Thumb impression of the \_\_\_\_\_ manual worker.

#### **DECLARATION\***

I hereby certify that the facts mentioned above are true to the best of my knowledge and information. I am not a registered manual worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place: \_\_\_\_\_ Signature/Thumb impression of the registered manual worker.

Date: \_\_\_\_\_ Name :

\*Any false declaration/ certification will entail legal action

Note : 1. Besides the photograph affixed above, another passport size photograph should be enclosed with the application.

13. Incomplete applications will not be considered.

#### **SANCTION**

I hereby sanction, after due verification, a monthly pension of Rs...../-  
(Rupees..... only) with effect from..... The amount shall be sent by Money Order.

Place : \_\_\_\_\_ **Labour Officer ( Social Security Scheme )**

Date : \_\_\_\_\_district.

#### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....(Address in full) .....  
.....(Registration No. ....)  
application for sanction of pension.

Labour Officer ( Social Security Scheme ) ..... district with date

Name:

Office Seal :

Designation: .”;

(19) for Form-VIII-A, the following Form shall be substituted, namely:-

**“FORM -VIII-A**  
**[See Clause 18(2)]**  
**APPLICATION FOR DISABILITY PENSION**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

Passport size photograph duly signed
--

1. Name of the applicant :
2. Address in full (to which pension  
is to be sent) (with PIN code) :
3. Registration number and date  
(Original identity card should be enclosed) :
4. Age and date of completion of  
60 years of age :

5. Date of completion of continuous period of five years as registered manual worker of the Board :
6. Whether the registration has been renewed regularly without any default? If so, details may be furnished :

Sl. No.	Date of initial registration/ subsequent renewal	Period of validity of registration/renewal	
		From	To
(1)	(2)	(3)	(4)

7. Whether the applicant has become disabled due to sickness and incapacitated from normal work? (If so, a certificate by a Medical Officer not below the rank of Civil Surgeon of the Government Hospital under his name and seal should be enclosed in original)
8. Whether in receipt of any other pension? If so, furnish complete details :

Signature/Thumb impression of the registered manual worker

### **DECLARATION\***

I hereby declare that the facts mentioned above are true to the best of my knowledge and information. I am not a registered worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as disability pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place: \_\_\_\_\_ Signature/Thumb impression of the registered manual worker

Date: \_\_\_\_\_ Name :

\* Any false declaration/ certification will entail legal action

Note : 1. Besides the photograph affixed above another passport size photograph should be enclosed with the application.  
2. Incomplete applications will not be considered.

### **SANCTION**

I hereby sanction, after due verification, a monthly pension of Rs...../- (Rupees..... only ) with effect from..... The amount shall be sent by Money Order.

Office Seal:

Place : \_\_\_\_\_ **Labour Officer ( Social Security Scheme )**

**Date :** \_\_\_\_\_ **.....district.**

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....(Address in full) .....  
.....(Registration No. ....)  
application for sanction of disability pension.

Labour Officer ( Social Security Scheme ) ..... district with date



Office Seal :

Name:

Designation:

.”;

---

—

(20) for Form-IX, the following Form shall be substituted, namely:-

**“FORM – IX**  
**[See Clause 19(2) and 20(2)]**

**APPLICATION FOR PAYMENT OF FUNERAL EXPENSES/  
NATURAL DEATH ASSISTANCE**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

16. Name of the deceased registered manual worker:
17. Address in full (at the time of death):
18. Age (on the date of death) :
19. Nature of work :
20. (a) Registration Number and date of initial registration.  
(Original Identity card should be enclosed).
- (b) Date of last renewal, indicating the  
period upto which renewed
6. (a) Place of death
- (b) Date of death
- (c) Cause of death (to be indicated clearly) :  
(Avoid indicating as "Natural Death")  
(Death Certificate in original shall be enclosed)
7. (a) Name of the nominee :
- (b) Age on the nominee (in completed years):
- (c) Address of the nominee in full indicating PIN Code:
- (d) Relationship of the nominee with the deceased  
registered manual worker

Signature/Thumb impression of the nominee of the  
registered manual worker

### **DECLARATION OF THE NOMINEE \***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for death/funeral expenses of the deceased manual worker.

I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :

Signature/Thumb impression of the  
nominee of the registered manual worker

\*Any false declaration/ certification will entail legal action

### **CERTIFICATE\***

I hereby certify that the particulars furnished in the application are correct.

Place:

Date:

Members, ..... Tamil Nadu .....

Welfare Board / President/Secretary of the Registered Trade

Union of the Employment concerned/Assistant Inspector  
of Labour concerned /Any other officer permitted to give

employment certificate.

\* Any false declaration/ certification will entail legal action

---

**SANCTION**

4. I hereby sanction, after due verification, a sum of Rs.                      /- (Rupees  
only) as assistance to Thiru/Tmt/Selvi. ...., nominee / nominees, for the funeral  
of Thiru/Thirumathi/Selvi ..... a registered manual worker.

2. I hereby sanction, after due verification, a sum of Rs.                      /-(Rupees  
only) as assistance to Thiru/Tmt/Selvi....., nominee/nominees, on the natural death of  
Thiru/Thirumathi/Selvi .....a registered manual worker.

Office Seal:

Place :

**Labour Officer ( Social Security Scheme )**

**Date :**

.....district.

---

**ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....  
.....claim application for  
sanction of Funeral/Natural death assistance in respect of deceased registered manual worker  
Selvi/Thiru/Tmt. .... (Registration No.                      )

Labour Officer ( Social Security Scheme ).....  
district with date

Name:

Office Seal :

Designation:

.”;

(21) for Form-X, the following Form shall be substituted, namely:-

**FORM-X**  
**[See Clause 21(3)]**

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR PASS IN  
10<sup>TH</sup> STANDARD AND 12<sup>TH</sup> STANDARD EXAMINATION.**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

- (vii) Name of the registered manual worker.  
(viii) (a) Registration Number and date of initial registration.  
(Original Identity card should be enclosed).  
(b) Date of last renewal, indicating the  
period upto which renewed  
3. Address (in full) with PIN Code :  
4. Details of family members of the registered  
manual worker: -

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought for:-

Sl. No.	Name (Son/Daughter)	Date of Birth	Examination passed	Month and Year of Pass	Name of the School studied
(1)	(2)	(3)	(4)	(5)	(6)

**Note:-** Xerox copy of the Mark Sheet in support of having passed the Examination, duly attested by a Group A or Group B Officer should be enclosed.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing assistance	Amount of assistance (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker

**DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance. I further declare that I have not availed similar assistance from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :

Signature/Thumb impression of  
the registered manual worker

\* Any false declaration/ certification will entail legal action .

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application are correct.

Place:

Date:

Members, ..... Tamil Nadu.....  
Welfare Board /  
President/Secretary of the Regd. Trade Union of the  
Employment concerned/ Assistant Inspector  
of Labour concerned /Any other officer permitted  
to give employment certificate.

\* Any false declaration/ certification will entail legal action .

---

**SANCTION**

I hereby sanction, after due verification a sum of Rs...../- (Rupees ..... only) as educational assistance, in respect of \*Selvan/\*Selvi..... \* son/\*daughter of \*Thiru/Tmt..... registered manual worker (Registration No..... ).

Office Seal:

Place: Labour Officer ( Social Security Scheme ) .....district

Date :

\* Strikeout whichever is not applicable

---

**ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt./ Selvi/ ..... (Registration No.....) claim application for sanction of educational assistance .

Labour Officer ( Social Security Scheme )  
..... district with date

Name:

Office Seal :

Designation: .”;

---

(22) for Form-XI, the following Form shall be substituted, namely:-

**“FORM-XI**

**[See Clause 21(3)]**

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR GIRL CHILDREN  
STUDYING  
IN 10<sup>TH</sup> STANDARD/ 11<sup>TH</sup> STANDARD / 12<sup>TH</sup> STANDARD.**

To

The Labour Officer ( Social Security Scheme

..... **district.**

7. Name of the registered manual worker.
8. (a) Registration Number and date of initial registration  
(Original identity card should be enclosed).
- (b) Date of last renewal, indicating the  
period upto which renewed
3. Address (in full) with PIN Code :
4. Details of family members of the registered manual  
worker :

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

**5. Details of the daughter for whom Educational Assistance is sought for:-**

Sl. No.	Name	Date of Birth	Standard in which studying (Std. 10 <sup>th</sup> /11 <sup>th</sup> / 12 <sup>th</sup> )	Year of Study (indicate the academic year)	Name of the school with full address
(1)	(2)	(3)	(4)	(5)	(6)

**Note:-** Certificate from the Head Master/Principal of the School to the effect that the daughter of the registered manual worker is studying the course, should be enclosed.

**6. Number of children for whom the assistance has already been availed from the Board:**

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing the assistance	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of  
the registered manual worker.

**DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I  
hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :  
Date : Signature/Thumb impression of the registered manual worker.

\*Any false declaration/ certification will entail legal action .

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application are correct.

Place:

Date:

Members, ..... Tamil Nadu .....

Welfare Board /

President/Secretary of the Registered. Trade Union  
of the Employment concerned/ / Assistant

Inspector

of Labour concerned /Any other officer permitted  
to give employment certificate.

\* Any false declaration/ certification will entail legal action ..

---

**SANCTION**

I hereby sanction, after due verification, a sum of Rs...../- (Rupees.....only) to the claimant as educational assistance, in respect of Selvi..... daughter of Thiru/Tmt..... registered manual worker (Registration No.....).

**Office Seal:**

**Place**

**Labour Officer ( Social Security Scheme ) .....district**

**Date**

---

**ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. .... registered manual worker  
(Registration No.....), claim application for sanction of educational assistance.

Labour Officer ( Social Security Scheme ) ..... district with date  
Name:

Office Seal :

Designation: .”;

---

---

(23) for Form-XII, the following Form shall be substituted, namely:-

**“FORM-XII**  
**[See Clause 21(3)]**

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR HIGHER EDUCATION**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

7. Name of the registered manual worker.
8. a) Registration Number and date of initial registration  
(Original identity card should be enclosed).
- b) Date of last renewal, indicating the  
period upto which renewed
3. Address (in full) with PIN Code :
4. Details of family members of the registered  
manual worker :

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought :-

Sl. No.	Name	Date of Birth	Name of the course studying	Duration of the course	Name of the College/Institution with address in full
(1)	(2)	(3)	(4)	(5)	(6)

**Note:** - Certificate from the Principal of the College/Educational institution to the effect that the son or daughter of the registered manual worker is studying the course indicating whether a day scholar or hosteller should be enclosed in original.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance	Years of availing assistance	Amount of assistance
------------	------	--------------	-----------------------------------	------------------------------------	-------------------------



			availed	Rs.	
(1)	(2)	(3)	(4)	(5)	(6)

Signature/ Thumb impression of the registered manual worker.

### **DECLARATION BY THE APPLICANT.\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefit by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date

Signature/Thumb impression of the registered manual worker.

---

\* Any false declaration/ certification will entail legal action .

### **CERTIFICATE\***

I hereby certify that the above particulars are correct.

Place:

Date:

Members, ..... Tamil Nadu.....  
Welfare Board /

President/Secretary of the Registered. Trade Union  
of the Employment concerned/ / Assistant

Inspector

of Labour concerned /Any other officer permitted  
to give employment certificate.

---

\*Any false declaration/ certification will entail legal action ..

### **SANCTION**

I hereby sanction, after due verification, a sum of Rs...../- (Rupees .....  
.....only) towards educational assistance in respect of \*Selvi/\*Selvan .....(\*son  
/\*daughter) of \*Thiru/\*Tmt..... registered manual worker (Registration  
number.....).

Place:

Labour Officer, ( Social Security Scheme )  
..... district

Date

\* **Strikeout whichever is not applicable**

---

**ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. .... registered manual worker (Registration No. .... ) claim application for sanction of educational assistance.

Labour Officer ( Social Security Scheme ) .....  
district with date

Name:

Office Seal :

Designation:

.”;

---

(24) for Form-XIII, the following Form shall be substituted, namely:-

**“FORM – XIII**  
**[See Clause 22(4)]**

**APPLICATION FOR PAYMENT OF MARRIAGE ASSISTANCE**

To  
The Labour Officer ( Social Security Scheme )  
.....district.

- (7) Name of the registered manual worker.  
(8) Registration Number and date of initial registration  
(Original identity card should be enclosed).  
3. Address in full with PIN Code:  
4. (a)Particulars of the members of the family of the registered  
manual worker :

<u>Sl No.</u>	<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Marital Status</u>
(1)	(2)	(3)	(4)	(5)

- 
- (b) (i) Name of the person for whose marriage the assistance is sought for  
(ii) Relationship to the registered manual worker:  
(iii) Age in completed years on the date of marriage:  
(c) Names of the couple: (i) Bride  
(ii) Groom  
(d) Date and venue of the marriage

- (Marriage invitation to be enclosed in original) :
- (e) Has the marriage assistance been availed earlier from the Board?  
If so, furnish details:

Signature/Thumb impression of the  
registered manual worker.

**DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance for the marriage of self/daughter/son.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date : Signature/Thumb impression of the  
registered manual worker.

\*Any false declaration/ certification will entail legal action ..

---

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date: Members, ..... Tamil Nadu.....  
Welfare Board/  
President/Secretary of the Regd. Trade Union of the  
Employment concerned// Assistant Inspector  
of Labour concerned /Any other officer permitted  
to give employment certificate.

\*Any false declaration/ certification will entail legal action ..

---

**SANCTION**

I hereby sanction, after due verification, a sum of Rs...../- (Rupees ..... only) towards marriage assistance of the son / daughter / self of Thiru/Tmt....., registered manual worker of the Board (Registration number.....)

**Labour Officer ( Social Security Scheme )**  
..... district.

---

**ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. ....(Registration No. .... )  
.....claim application for  
sanction of marriage assistance.

**Labour Officer ( Social Security Scheme )..... district**  
**with date**

Name:

Office Seal :

Designation:

.”;

---

(25) for Form-XIV, the following Form shall be substituted, namely:-

**“FORM – XIV**

**[See clause 23(3)]**

**APPLICATION FOR PAYMENT OF MATERNITY ASSISTANCE  
FOR PREGNANCY OR MISCARRIAGE OR TERMINATION OF PREGNANCY BY  
A REGISTERED FEMALE MANUAL WORKER**

To

**Labour Officer ( Social Security Scheme )**

.....district

7. Name of the registered female manual worker :
8. (a) Registration Number and date of initial registration  
(Original Identity card should be enclosed).  
(b) Date of last renewal indicating the  
period upto which renewed
3. Address (in full) with PIN Code :
4. Particulars of surviving son/daughter of the registered  
female manual worker:

Sl. No.	Name	Sex	Date of Birth	Age
(1)	(2)	(3)	(4)	(5)

5. Month of Pregnancy\* on the date of claim application:

\*(Certificate from the Civil Assistant Surgeon of the Government Hospital in support of this should be enclosed in original)

6. Whether the claim is for pregnancy or miscarriage of  
pregnancy or termination of pregnancy?

If so details may be furnished. (Certificate from the Civil Assistant Surgeon of the Government Hospital to this effect should be obtained and sent in original)

7. Whether the assistance has already been availed by the registered female manual worker?

If so, details may be furnished:

Signature/Thumb impression of the  
registered manual worker.

**DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :

Signature/Thumb impression of the  
registered female manual worker.

---

\*Any false declaration/ certification will entail legal action ..

---

**Note.-** (i) The Birth Certificate from the Registrar of Births of the area concerned should be obtained and sent in original for release of the assistance after the date of delivery.

(ii) In the event of untoward demise of the registered female manual worker after the 7<sup>th</sup> month of pregnancy either before delivery or three months after delivery, the fact should be reported to the Medical Officer of Primary Health Centre concerned and for Chennai district to the Health Officer concerned, immediately along with the Death Certificate in original, for sanction of Funeral Expenses (or) Natural death assistance as admissible under the Scheme.

---

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date:

Members, ..... Tamil Nadu.....

Welfare Board/

President/Secretary of the Regd. Trade Union of the

Employment concerned// Assistant Inspector

of Labour concerned /Any other officer permitted  
to give employment certificate.

---

\*Any false declaration/ certification will entail legal action ..

---

**SANCTION**

I hereby sanction, after due verification, for the payment of assistance of Rs...../- (Rupees..... only) to Tmt.....registered female manual worker (Registration No.....) \*at the time of seventh month of pregnancy / \*on delivery of child / \*for miscarriage of pregnancy /\* termination of pregnancy (\* Strike out whichever is not applicable).

Office Seal:

Labour Officer (Social Security Scheme).....district

---

### **ACKNOWLEDGEMENT SLIP**

Received from Tmt. .... registered female manual worker (Registration Number.....) claim application for sanction of maternity assistance for \*pregnancy/\*miscarriage of pregnancy /\*termination of pregnancy in respect of the registered female manual worker .

\* Strikeout whichever is not applicable

Labour Officer (Social Security Scheme)  
.....district

Office Seal :

Name:  
Designation: .”;

---

(26) for Form-XV, the following Form shall be substituted, namely :-

**“FORM – XV**

**[See Clause 24(3)]**

**APPLICATION FOR REIMBURSEMENT OF COST ON  
PURCHASE OF SPECTACLES BY THE REGISTERED MANUAL WORKER**

To

The Labour Officer(Social Security Scheme)  
..... district.

7. Name of the registered manual worker.
8. (a) Registration Number and date of initial registration.  
(Original identity card should be enclosed).
- (b) Date of last renewal indicating the  
period upto which renewed
3. Address in full with PIN code:
4. Date of purchase of spectacles and its actual cost :
5. Whether certificate issued by a registered  
Ophthalmist is enclosed in original? :
6. Whether cash bill is enclosed in original? :

Signature/Thumb impression of the  
registered manual worker.

---

**DECLARATION BY THE APPLICANT\***

(i) I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount reimbursed towards purchase of spectacles for myself.

(ii) I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :

Signature/Thumb impression of the  
registered manual worker.

\*Any false declaration/ certification will entail legal action .

---

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date:

Member ..... Tamil Nadu.....  
Welfare Board

President/Secretary of the Registered Trade Union of the  
Employment/ Assistant Inspector of Labour concerned

/Any

other officer permitted to give employment certificate.

\*Any false declaration/ certification will entail legal action .

**SANCTION**

I hereby sanction, after due verification, the reimbursement of a sum of Rs...../(Rupees ..... only) to Selvi/Thiru/Tmt....., towards the actual cost on purchase of spectacles for himself/herself.

Office Seal:

The Labour Officer(Social Security Scheme)  
..... district

---

**ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt./ Selvi ..... registered manual worker  
(Registration No.....) application for reimbursement of cost on purchase of spectacles for himself/herself.

The Labour Officer(Social Security Scheme)  
..... district .....with

date

Name:

Office Seal :

Designation: .”.

---

**NOTIFICATION –IX.**

In exercise of the powers conferred by section 4 read with section 3 of the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 (Tamil Nadu Act 33 of 1982), the Governor of Tamil Nadu, after consultation with the Advisory Committee, hereby makes the following amendments to the Tamil Nadu Handicraft Workers Social Security and Welfare Scheme, 2006.



2. The amendments hereby made shall come into force on the 31<sup>st</sup> day of October, 2008.

### **AMENDMENTS**

In the said Scheme, -

- (1) in clause 9,-

(i) in sub-clause (1), after the expression “Board”, the expression “through the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

(ii) in sub-clause (2),-

(a) after the expression “such registration shall be made”, the expression “in duplicate to the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

(b) after item (c), the following item shall be added, namely:-

“(d) Village Administrative Officer and for Chennai district, the Revenue Inspector concerned.”;

(iii) for sub-clause (3), the following sub-clause shall be substituted, namely:-

“(3) (a) The registration of the name of the manual worker with the Board shall be made by the Labour Officer (Social Security Scheme) of the respective district after due verification by the respective Village Administrative Officer and for Chennai district, by the Revenue Inspector concerned.

(b) The registration under this clause is valid for a period of two years or until the registered manual worker attains the age of sixty years, whichever is earlier.”;

(iv) in sub-clauses (4) and (5), for the expression “Board or district or local office” wherever it occurs, the expression “Labour Officer ( Social Security Scheme ) of the respective district ” shall be substituted;

(v) in sub-clause (6), after item (c), the following item shall be added, namely:-

“(d) Where the nomination made is incomplete or becomes void, the assistance shall be released to the legal heirs of the deceased registered manual worker.”;

- (2) in clause 10,-

(iv) in sub-clauses (1) and (2), for the expression “Executive Officer”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

- (3) in clause 11, in sub-clause (4), after the expression “Board”, the expression “and the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;
- (4) in clause 14, in sub-clause (3), for the expression “Executive Officer or any other officer authorised in this behalf by the Board”, the expression “Labour Officer ( Social Security Scheme ) of the respective district, after due verification” shall be substituted;
- (5) in clause 15, for the expression “Chief Executive Officer or any other officer authorised by the Chief Executive Officer in this behalf”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

- (6) in clause 17,-

- (i) in sub-clause (1), after the expression “Personal Accident Relief”, the following expression shall be added, namely:-

- “and where the accident results in death, their nominees are eligible for Personal Accident Relief.”;

- (ii) in sub-clause (3),-

- (a) in item (a), for the expression “Board”, occurring in three places, the expression “Labour Officer ( Social Security Scheme ) of the respective district ” shall be substituted;

- (b) in item (e), for the expression “ Board or any Officer authorised in this behalf ”, the expression “ Labour Officer ( Social Security Scheme ) of the respective district ” shall be substituted;

- (7) in clause 18,-

- 11. in sub-clause (2), for the expression “Board” occurring in five places, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

- 12. in sub-clause (3), for the expression “ Rs.300 (Rupees three hundred only)”, the expression “Rs.400 (Rupees four hundred only)” shall be substituted;

- (8) in clause 19,-

- (i) in sub-clause (1), for the expression “Secretary or any other officer authorised in this behalf by the Board”, the expression “Labour Officer ( Social Security Scheme ) of the respective district, after due verification” shall be substituted;

- (ii) in sub-clause (2), the expression “by the Board” shall be omitted;

- (9) in clause 20, in sub-clause (1), for the expression “Secretary or any other Officer authorized in this behalf by the Board” , the expression “Labour Officer ( Social Security Scheme ) of the respective district, after due verification” shall be substituted;

(10) in clause 21,-

(ix) for sub-clause (1), the following sub-clause shall be substituted, namely:-

“(1) The assistance for the education of the children of a registered manual worker shall be sanctioned by the Labour Officer ( Social Security Scheme ) of the respective district, after due verification, as specified in the Table below:-

**THE TABLE.**

Serial Number	Form	Course of Study	Day Scholar		Hosteller	
			Boys	Girls	Boys	Girls
			Rs.	Rs.	Rs.	Rs.
1	XI	10 <sup>th</sup> Std., Studying-Girl children only	---	1,000	---	---
2	X	10 <sup>th</sup> Std., passed	1,000	1,000	---	---
3	XI	11 <sup>th</sup> Std., Studying-Girl children only	---	1,000	---	---
4	XI	12 <sup>th</sup> Std. Studying – Girl children only	---	1,500	---	---
5	X	12 <sup>th</sup> Std. passed	1,500	1,500	---	---
6	XII	Studying regular Bachelor Degree course (Every academic year)	1,500	1,500	1,750	1,750
7	XII	Studying regular Post Graduate course ( Every academic year )	2,000	2,000	3,000	3,000
8	XII	Studying regular Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses . ( Every academic year )	2,000	2,000	4,000	4,000
9	XII	Studying regular Post Graduate Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses ( Every academic year )	4,000	4,000	6,000	6,000
10	XII	Studying ITI or Polytechnic course (Every academic year)	1,000	1,000	1,200	1,200

.”;

(x) for sub-clause (3), the following sub-clause shall be substituted, namely:-

“(3) The application for assistances specified in serial numbers 2 and 5 in column (1) of the Table in sub-clause (1) shall be in Form X to be submitted after passing of the course, the application for assistances specified in serial numbers 6 to 10 in column (1) of the said Table shall be in Form XII to be submitted before completion and passing of the course and the application for assistances specified in serial numbers 1,3 and 4 shall be in Form XI to be submitted before completion and passing of the course.”;

- (11) in clause 22, in sub-clause (1), for the expression “Secretary or any other Officer authorised in this behalf by the Board, shall on an application from a registered manual worker”, the expression “Labour Officer ( Social Security Scheme ) of the respective district shall, on an application from a registered manual worker, after due verification” shall be substituted;

- (12) in clause 23, for sub-clause (1), the following sub-clause shall be substituted, namely:-

“(1) The Labour Officer ( Social Security Scheme ) of the respective district shall, on an application from a registered female manual worker, sanction the assistance as indicated below, after due verification of the proof produced by her of her pregnancy or delivery of child by her or the miscarriage of her pregnancy or the termination of pregnancy:-

(i) Pregnancy - Rs.6,000/-  
(Rs.3,000/- shall be paid on the seventh month of pregnancy and remaining Rs.3,000/- shall be paid on delivery of the child)

(ii) Miscarriage of pregnancy -Rs.3,000/-

(iii) Termination of pregnancy -Rs.3,000/-.”;

- (13) in clause 24,-

(i) in sub-clause (1), for the expression “Secretary or any other officer authorised in this behalf by the Board, shall on an application From XV from a registered manual worker”, the expression “Labour Officer ( Social Security Scheme ) of the respective district, shall on an application From XV from a registered manual worker, after due verification” shall be substituted;

(ii) for sub-clause (2), the following sub-clause shall be substituted, namely:-

“(2) The assistance shall be restricted to 65 registered manual workers per year in each district on “First come – First serve” basis depending upon the applications received.”;

- (14) for Form I, the following Form shall be substituted, namely :-

**“FORM – I**  
**[See Clause 9(2)]**

**APPLICATION FOR REGISTRATION**

To  
The Labour Officer (Social Security Scheme),  
..... district.

Affix  
Passport  
size  
photograph

Registration No.....  
(to be filled in by the Registration Authority)

1. Name of the Worker :
2. Name of the Father/Husband :
3. Date of birth  
(Enclose Xerox Copy of evidence Day Month Year  
in proof duly attested by a Group A  
or Group B Officer)\*
4. Marital Status  
(Whether married, unmarried, widow/widower) :
5. Permanent address :
6. Present address :
7. State whether self-employed or employed :
8. If employed, furnish the name and address  
of the establishment and also the name and  
address of the employer/contractor :
9. Nature of work :
10. Number of years engaged in the employment  
as on the date of application :
11. Particulars of the members of the family

Sl. No.	Name	Age	Relationship	Marital status
(1)	(2)	(3)	(4)	(5)

12. (a) Whether the wife/husband is employed ? :  
(b) If so furnish details
13. Nomination for receipt of Natural Death/Accidental  
Death Assistance :  
Name and address \*\* Nominee's Relationship Age of the Percentage of amount to  
be of the nominee/nominees with the worker nominee paid to each nominee  
(1) (2) (3) (4)

\*(i) Birth Certificate or (ii) School Certificate or (iii) Driving Licence or (iv) Ration Card or  
(v) Voter's identity card or (vi) Certificate from Registered Medical Practitioner not below  
the rank of Civil Surgeon of a Government Hospital in the prescribed format duly signed by  
the worker.

\*\* Nominees shall be dependant Family Members.

Signature or left hand thumb impression of the manual worker.

(Left hand thumb impression to be attested by the Registration Authority)

**DECLARATION BY THE APPLICANT.\*\*\***

I declare that I am not registered as a member in any other Manual Workers Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Signature or left hand thumb impression of the manual worker.  
(Left hand thumb impression to be attested by the Registration Authority)

\*\*\* Any false declaration/ certification will entail legal action.

**CERTIFICATE OF EMPLOYMENT\*\*\*.**

Certified that the particulars furnished by Thiru/Thirumathi/ Selvi....., regarding employment as a manual worker in the application for registration are true to the best of my knowledge and belief.

Place:

Date :

Signature and name of the person /  
Officer issuing the certificate

\*\*\* Any false declaration/ certification will entail legal action

**VERIFICATION CERTIFICATE.**

After due verification it is certified that the particulars furnished in the application and the proof of age are found correct and recommended for registration.

Place:

Date:

Village Administrative Officer /  
Revenue Inspector (for Chennai district)

**Office Note:-**

Application and proof verified. The recommendation of the .....is accepted and the applicant is registered as member of the Tamil Nadu ..... Welfare Board . Application for membership rejected (In case of rejection, reason should be clearly mentioned).

Labour Officer ( Social Security Scheme )  
.....district

**ACKNOWLEDGEMENT SLIP.**

Received from Selvi/Thiru/Tmt. ....residing at  
..... application for registration as manual worker in the Tamil  
Nadu ..... Welfare Board.

Office Seal:  
).....

Labour Officer ( Social Security Scheme

district with date

Name :

Designation : .”.

---

(15) in Form II,-

- under the heading “SCHEME ASSISTANCES OF THE BOARD”, in serial number 8, against the entry “Pension”, for the expression “300”, the expression “400” shall be substituted;
- under the heading “Details of Scheme Assistance provided to the worker”, in the Table, for the expression “Name of the Beneficiary”, the expression “Name of the person” shall be substituted;
- under the heading “GENERAL INSTRUCTIONS”,-

(a) for the expression “Assistant Inspector of Labour”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(b) for the expression “Board” occurring in three places, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(16) in FORM - VI, for the expression “The Secretary,”, the expression “The Labour Officer (Social Security Scheme ), ..... district.” shall be substituted;

(17) for FORM - VII, the following Form shall be substituted, namely.-

**“FORM – VII**  
**[See Clause 17(3)(b)]**  
**APPLICATION FOR PAYMENT OF COMPENSATION FOR**  
**ACCIDENTAL DEATH/ DISABILITY**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

14. (a) Name of the registered manual worker } :  
(b) Address (in full)  
(on the date of death/ disability) :  
(c) Age :  
(d) Registration number and date of  
initial registration :  
(e) Renewal date :  
(f) Occupation :  
2. (a) Area :  
(b) Place :  
(c) District :  
3. (a) Name of the nominee :  
(b) Relationship with the deceased registered manual worker  
(in the case of accidental death only)  
(c) Age of the nominee :  
(d) Address in full (with PIN)  
4. Whether the claimant is the registered worker  
himself (in the case of accidental  
disability) or the nominee of the  
registered manual worker? :  
5. Date and time of accident :  
6. Place of accident :  
(a) at the work place :  
(b) outside the work place :  
7. Whether intimation regarding accident has been given  
in Form - VI as per clause 17 (3) (a)? :  
8. Whether the accident resulted in death/



loss of limb/loss of eye sight/partial injury?

9. In the case of accidental disability, a certificate from a Civil Surgeon of the Government Hospital indicating the percentage of disability due to accident with details should be obtained and enclosed in original. \_\_\_\_\_ :
- 10 ( i) Date and time of death (in the case of accidental death) :  
(ii) Attested copy of First Information Report. from the Police Station nearer to the place of accident to be enclosed :  
(iii) Post-Mortem Certificate and final Investigation Report should be sent in original :  
(iv) Death Certificate (attested copy) should be enclosed :

worker / \_\_\_\_\_ Signature/Thumb impression of the registered manual  
\_\_\_\_\_ nominee in case of death.

### **DECLARATION BY THE CLAIMANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for accidental death/disability. I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date : \_\_\_\_\_ Signature/Thumb impression of the registered manual worker /  
\_\_\_\_\_ nominee in case of death.

\* Any false declaration/ certification will entail legal action.

---

### **SANCTION**

I hereby sanction, after due verification, for payment of Rs...../- (Rupees ...only) towards accidental death/disability to Selvi/Thiru/Tmt. .... nominee of the deceased manual worker (Registration Number..... ) / registered worker (Registration Number.....) himself.

Place:

Labour Officer ( Social Security Scheme )

Date:

.....district.

(Affix Rubber Stamp)

---

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....  
..... application for sanction

of assistance towards accidental death/disability in respect of deceased registered manual worker Selvi/Thiru/Tmt. .... (Registration Number )/registered manual worker Selvi/Thiru/Tmt. ....(Registration Number ).

Labour Officer ( Social Security Scheme ) .....  
district with date

Office Seal :

Name:  
Designation: .”;

---

(18) for Form-VIII, the following Form shall be substituted, namely:-

**“FORM -VIII**  
**[See Clause 18(2)]**

**APPLICATION FOR PENSION**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

Passport size  
photograph  
duly signed

1. Name of the Applicant : :
2. Address in full (to which pension is to be sent) (with PIN code) :
3. Registration number and date :  
(Original identity Card should be enclosed)
4. Age and date of completion of 60 years of age : :
5. Date of completion of continuous period of five years as registered manual worker of the Board : :
6. Whether the registration has been renewed regularly without any default? If so, details may be furnished : :

Sl. No.	Date of initial registration/ subsequent renewal	Period of validity of registration/renewal	
		From	To
(1)	(2)	(3)	(4)

7. Whether in receipt of any other pension?

If so, furnish complete details :

registered

Signature/Thumb impression of the

manual worker.

**DECLARATION\***

I hereby certify that the facts mentioned above are true to the best of my knowledge and information. I am not a registered manual worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place: Signature/Thumb impression of the registered manual worker.

Date: Name :

\*Any false declaration/ certification will entail legal action

Note : 1. Besides the photograph affixed above, another passport size photograph should be enclosed with the application.

15. Incomplete applications will not be considered.

**SANCTION**

I hereby sanction, after due verification, a monthly pension of Rs...../-  
(Rupees..... only) with effect from..... The amount shall be sent by Money Order.

Place : Labour Officer ( Social Security Scheme )

Date : .....district.

**ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....(Address in full) .....  
.....(Registration No. ....)  
application for sanction of pension.

Labour Officer ( Social Security Scheme ) ..... district with date

Name:

Office Seal :

Designation: .”;

(19) for Form-VIII-A, the following Form shall be substituted, namely:-

**“FORM -VIII-A**

**[See Clause 18(2)]**

**APPLICATION FOR DISABILITY PENSION**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

Passport size  
photograph  
duly signed

1. Name of the applicant :
2. Address in full (to which pension  
is to be sent) (with PIN code) :
3. Registration number and date :  
(Original identity card should be enclosed)
4. Age and date of completion of  
60 years of age :
5. Date of completion of continuous period of  
five years as registered manual worker of the Board :
6. Whether the registration has been renewed  
regularly without any default? If so,  
details may be furnished :

Sl.	Date of initial registration/	Period of validity of registration/renewal
-----	-------------------------------	--

		From	To
(1)	(2)	(3)	(4)

7. Whether the applicant has become disabled due to sickness and incapacitated from normal work? (If so, a certificate by a Medical Officer not below the rank of Civil Surgeon of the Government Hospital under his name and seal should be enclosed in original)

8. Whether in receipt of any other pension?

If so, furnish complete details

:

Signature/Thumb impression of the registered manual worker

### **DECLARATION\***

I hereby declare that the facts mentioned above are true to the best of my knowledge and information. I am not a registered worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as disability pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place: Signature/Thumb impression of the registered manual worker

Date: Name :

\* Any false declaration/ certification will entail legal action

Note : 1. Besides the photograph affixed above another passport size photograph should be enclosed with the application.

2. Incomplete applications will not be considered.

### **SANCTION**

I hereby sanction, after due verification, a monthly pension of Rs...../- (Rupees..... only ) with effect from..... The amount shall be sent by Money Order.

Office Seal:

Place : **Labour Officer ( Social Security Scheme )**

**Date :** .....district.

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....(Address in full) .....  
.....(Registration No. ....)  
application for sanction of disability pension.

Labour Officer ( Social Security Scheme ) ..... district with date

Name:

Office Seal :

Designation: .”;

(20) for Form-IX, the following Form shall be substituted, namely:-

**“FORM – IX**  
**[See Clause 19(2) and 20(2)]**

**APPLICATION FOR PAYMENT OF FUNERAL EXPENSES/  
NATURAL DEATH ASSISTANCE**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

21. Name of the deceased registered manual worker:
22. Address in full (at the time of death):
23. Age (on the date of death) :
24. Nature of work :
25. (a) Registration Number and date of initial registration.

- (Original Identity card should be enclosed).
- (b) Date of last renewal, indicating the period upto which renewed
6. (a) Place of death
- (b) Date of death
- (c) Cause of death (to be indicated clearly) :  
(Avoid indicating as "Natural Death")  
(Death Certificate in original shall be enclosed)
7. (a) Name of the nominee :
- (b) Age on the nominee (in completed years):
- (c) Address of the nominee in full indicating PIN Code:
- (d) Relationship of the nominee with the deceased registered manual worker

Signature/Thumb impression of the nominee of the registered manual worker

### **DECLARATION OF THE NOMINEE \***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for death/funeral expenses of the deceased manual worker.

I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :

Signature/Thumb impression of the nominee of the registered manual worker

\*Any false declaration/ certification will entail legal action

### **CERTIFICATE\***

I hereby certify that the particulars furnished in the application are correct.

Place:

Date:

Members, ..... Tamil Nadu .....

Welfare Board / President/Secretary of the Registered Trade

Union of the Employment concerned/Assistant Inspector of Labour concerned /Any other officer permitted to give employment certificate.

\* Any false declaration/ certification will entail legal action

---

**SANCTION**

5. I hereby sanction, after due verification, a sum of Rs.                      /- (Rupees only) as assistance to Thiru/Tmt/Selvi. ...., nominee / nominees, for the funeral of Thiru/Thirumathi/Selvi ..... a registered manual worker.

2. I hereby sanction, after due verification, a sum of Rs.                      /-(Rupees only) as assistance to Thiru/Tmt/Selvi....., nominee/nominees, on the natural death of Thiru/Thirumathi/Selvi .....a registered manual worker.

Office Seal:

Place :

**Labour Officer ( Social Security Scheme )**

**Date :**

.....district.

---

**ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....  
.....claim application for  
sanction of Funeral/Natural death assistance in respect of deceased registered manual worker  
Selvi/Thiru/Tmt. .... (Registration No.                      )

Labour Officer ( Social Security Scheme ).....  
district with date

Name:

Office Seal :

Designation:                      .”;

---

(21) for Form-X, the following Form shall be substituted, namely:-

**FORM-X**

[See Clause 21(3)]

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR PASS IN  
10<sup>TH</sup> STANDARD AND 12<sup>TH</sup> STANDARD EXAMINATION.**

To

The Labour Officer ( Social Security Scheme )

..... district.



- (ix) Name of the registered manual worker.
- (x) (a) Registration Number and date of initial registration.  
(Original Identity card should be enclosed).
- (b) Date of last renewal, indicating the period upto which renewed
3. Address (in full) with PIN Code :
4. Details of family members of the registered manual worker: -

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought for:-

Sl. No.	Name (Son/Daughter)	Date of Birth	Examination passed	Month and Year of Pass	Name of the School studied
(1)	(2)	(3)	(4)	(5)	(6)

**Note:-** Xerox copy of the Mark Sheet in support of having passed the Examination, duly attested by a Group A or Group B Officer should be enclosed.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing assistance	Amount of assistance (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker

### **DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance. I further declare that I have not availed similar assistance from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date : Signature/Thumb impression of  
the registered manual worker

\* Any false declaration/ certification will entail legal action .

### **CERTIFICATE\***

I hereby certify that the particulars furnished in the application are correct.

Place:

Date: Members, ..... Tamil Nadu.....  
Welfare Board /

President/Secretary of the Regd. Trade Union of the  
Employment concerned/ Assistant Inspector  
of Labour concerned /Any other officer permitted

to give employment certificate.

\* Any false declaration/ certification will entail legal action .

---

**SANCTION**

I hereby sanction, after due verification a sum of Rs...../- (Rupees ..... only) as educational assistance, in respect of \*Selvan/\*Selvi..... \* son/\*daughter of \*Thiru/Tmt..... registered manual worker (Registration No..... ).

Office Seal:

Place: Labour Officer ( Social Security Scheme ) .....district

Date :

\* Strikeout whichever is not applicable

---

**ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt./ Selvi/ ..... (Registration No.....) claim application for sanction of educational assistance .

Labour Officer ( Social Security Scheme )

..... district with date

Name:

Office Seal :

Designation: .”;

---

(22) for Form-XI, the following Form shall be substituted, namely:-

**“FORM-XI**

**[See Clause 21(3)]**

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR GIRL CHILDREN  
STUDYING  
IN 10<sup>TH</sup> STANDARD/ 11<sup>TH</sup> STANDARD / 12<sup>TH</sup> STANDARD.**

To  
The Labour Officer ( Social Security Scheme  
..... district.

9. Name of the registered manual worker.
10. (a) Registration Number and date of initial registration  
(Original identity card should be enclosed).
- (b) Date of last renewal, indicating the  
period upto which renewed
3. Address (in full) with PIN Code :
4. Details of family members of the registered manual  
worker :

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the daughter for whom Educational Assistance is sought for:-

Sl. No.	Name	Date of Birth	Standard in which studying (Std. 10 <sup>th</sup> /11 <sup>th</sup> / 12 <sup>th</sup> )	Year of Study (indicate the academic year)	Name of the school with full address
(1)	(2)	(3)	(4)	(5)	(6)

**Note:-** Certificate from the Head Master/Principal of the School to the effect that the daughter of the registered manual worker is studying the course, should be enclosed.

6. Number of children for whom the assistance has already been availed from the Board:

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing the assistance	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of  
the registered manual worker.

**DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I  
hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date : Signature/Thumb impression of the registered manual worker.

\*Any false declaration/ certification will entail legal action .

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application are correct.

Place:

Date:

Members, ..... Tamil Nadu .....

Welfare Board /

President/Secretary of the Registered. Trade Union  
of the Employment concerned/ / Assistant

Inspector

of Labour concerned /Any other officer permitted  
to give employment certificate.

\* Any false declaration/ certification will entail legal action ..

---

### **SANCTION**

I hereby sanction, after due verification, a sum of Rs...../- (Rupees.....only) to the claimant as educational assistance, in respect of Selvi..... daughter of Thiru/Tmt..... registered manual worker (Registration No.....).

**Office Seal:**

**Place**

**Labour Officer ( Social Security Scheme ) .....district**

**Date**

---

### **ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. .... registered manual worker  
(Registration No.....), claim application for sanction of educational assistance.

Labour Officer ( Social Security Scheme ) ..... district with date  
Name:

Office Seal :

Designation: .”;

---

---

(23) for Form-XII, the following Form shall be substituted, namely:-

**“FORM-XII**  
**[See Clause 21(3)]**

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR HIGHER EDUCATION**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

9. Name of the registered manual worker.
10. a) Registration Number and date of initial registration  
(Original identity card should be enclosed).
- b) Date of last renewal, indicating the  
period upto which renewed
3. Address (in full) with PIN Code :
4. Details of family members of the registered  
manual worker :

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought :-

Sl. No.	Name	Date of Birth	Name of the course studying	Duration of the course	Name of the College/Institution with address in full
(1)	(2)	(3)	(4)	(5)	(6)

**Note: -** Certificate from the Principal of the College/Educational institution to the effect that the son or daughter of the registered manual worker is studying the course indicating whether a day scholar or hosteller should be enclosed in original.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Years of availing assistance Rs.	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/ Thumb impression of the registered manual worker.

**DECLARATION BY THE APPLICANT.\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefit by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date

Signature/Thumb impression of the registered manual worker.

---

\* Any false declaration/ certification will entail legal action .

---

**CERTIFICATE\***

I hereby certify that the above particulars are correct.

Place:

Date:

Members, ..... Tamil Nadu.....

Welfare Board /

President/Secretary of the Registered. Trade Union

of the Employment concerned/ / Assistant

Inspector

of Labour concerned /Any other officer permitted to give employment certificate.

\*Any false declaration/ certification will entail legal action ..

---

**SANCTION**

I hereby sanction, after due verification, a sum of Rs...../- (Rupees ..... only) towards educational assistance in respect of \*Selvi/\*Selvan .....(\*son /\*daughter) of \*Thiru/\*Tmt..... registered manual worker (Registration number.....).

Place:

Labour Officer, ( Social Security Scheme )

..... district

Date

\* Strikeout whichever is not applicable

---

**ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. .... registered manual worker (Registration No. .... ) claim application for sanction of educational assistance.

Labour Officer ( Social Security Scheme ) .....  
district with date

Office Seal : Name: Designation: .”;

(24) for Form-XIII, the following Form shall be substituted, namely:-

**“FORM – XIII**  
**[See Clause 22(4)]**

**APPLICATION FOR PAYMENT OF MARRIAGE ASSISTANCE**

To  
The Labour Officer ( Social Security Scheme )  
.....district.

- (9) Name of the registered manual worker.  
(10) Registration Number and date of initial registration  
(Original identity card should be enclosed).  
3. Address in full with PIN Code:  
4. (a)Particulars of the members of the family of the registered  
manual worker :

<u>Sl No.</u>	<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Marital Status</u>
(1)	(2)	(3)	(4)	(5)

- (b) (i) Name of the person for whose marriage the assistance is sought for  
(ii) Relationship to the registered manual worker:  
(iii) Age in completed years on the date of marriage:  
(c) Names of the couple: (i) Bride  
(ii) Groom  
(d) Date and venue of the marriage  
(Marriage invitation to be enclosed in original) :  
(e) Has the marriage assistance been availed earlier from the Board?  
If so, furnish details:

Signature/Thumb impression of the  
registered manual worker.

**DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance for the marriage of self/daughter/son.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date :

Signature/Thumb impression of the  
registered manual worker.

\*Any false declaration/ certification will entail legal action ..

---

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date:

Members, ..... Tamil Nadu.....  
Welfare Board/  
President/Secretary of the Regd. Trade Union of the  
Employment concerned// Assistant Inspector  
of Labour concerned /Any other officer permitted  
to give employment certificate.

\*Any false declaration/ certification will entail legal action ..

---

**SANCTION**

I hereby sanction, after due verification, a sum of Rs...../- (Rupees ..... only)  
towards marriage assistance of the son / daughter / self of Thiru/Tmt....., registered  
manual worker of the Board (Registration number.....)

**Labour Officer ( Social Security Scheme )**  
..... district.

---



## ACKNOWLEDGEMENT SLIP

Received from Thiru/Tmt. ....(Registration No. .... )  
.....claim application for  
sanction of marriage assistance.

**Labour Officer ( Social Security Scheme )..... district  
with date**

Office Seal :                      Name:                      Designation:                      .”;

---

(25) for Form-XIV, the following Form shall be substituted, namely:-

**“FORM – XIV  
[See clause 23(3)]  
APPLICATION FOR PAYMENT OF MATERNITY ASSISTANCE  
FOR PREGNANCY OR MISCARRIAGE OR TERMINATION OF PREGNANCY BY  
A REGISTERED FEMALE MANUAL WORKER**

To  
**Labour Officer ( Social Security Scheme )**  
.....district

9. Name of the registered female manual worker :
10. (a) Registration Number and date of initial registration  
(Original Identity card should be enclosed).
- (b) Date of last renewal indicating the  
period upto which renewed
3. Address (in full) with PIN Code :
4. Particulars of surviving son/daughter of the registered  
female manual worker:

Sl. No.	Name	Sex	Date of Birth	Age
(1)	(2)	(3)	(4)	(5)

5. Month of Pregnancy\* on the date of claim application:  
\*(Certificate from the Civil Assistant Surgeon of the Government Hospital in  
support of this should be enclosed in original)
6. Whether the claim is for pregnancy or miscarriage of  
pregnancy or termination of pregnancy?  
If so details may be furnished. (Certificate  
from the Civil Assistant Surgeon of the Government  
Hospital to this effect should be obtained  
and sent in original)
7. Whether the assistance has already been  
availed by the registered female manual worker?  
If so, details may be furnished:

Signature/Thumb impression of the  
registered manual worker.

**DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date : Signature/Thumb impression of the  
registered female manual worker.

---

\*Any false declaration/ certification will entail legal action ..

---

**Note.-** (i) The Birth Certificate from the Registrar of Births of the area concerned should be obtained and sent in original for release of the assistance after the date of delivery.

(ii) In the event of untoward demise of the registered female manual worker after the 7<sup>th</sup> month of pregnancy either before delivery or three months after delivery, the fact should be reported to the Medical Officer of Primary Health Centre concerned and for Chennai district to the Health Officer concerned, immediately along with the Death Certificate in original, for sanction of Funeral Expenses (or) Natural death assistance as admissible under the Scheme.

---

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date: Members, ..... Tamil Nadu.....  
Welfare Board/  
President/Secretary of the Regd. Trade Union of the  
Employment concerned// Assistant Inspector  
of Labour concerned /Any other officer permitted  
to give employment certificate.

\*Any false declaration/ certification will entail legal action ..

---

**SANCTION**

I hereby sanction, after due verification, for the payment of assistance of Rs...../- (Rupees..... only) to Tmt.....registered female manual worker (Registration No.....) \*at the time of seventh month of pregnancy / \*on delivery of child / \*for miscarriage of pregnancy /\* termination of pregnancy (\* Strike out whichever is not applicable).

Office Seal:

Labour Officer (Social Security  
Scheme).....district

---

### **ACKNOWLEDGEMENT SLIP**

Received from Tmt. .... registered female manual worker (Registration Number.....) claim application for sanction of maternity assistance for \*pregnancy/\*miscarriage of pregnancy /\*termination of pregnancy in respect of the registered female manual worker .

\* Strikeout whichever is not applicable

Labour Officer (Social Security Scheme)  
.....district

Office Seal :

Name:  
Designation: .”;

---

(26) for Form-XV, the following Form shall be substituted, namely :-

**“FORM – XV**

**[See Clause 24(3)]**

**APPLICATION FOR REIMBURSEMENT OF COST ON  
PURCHASE OF SPECTACLES BY THE REGISTERED MANUAL WORKER**

To

The Labour Officer(Social Security Scheme)  
..... district.

9. Name of the registered manual worker.
10. (a) Registration Number and date of initial registration.  
(Original identity card should be enclosed).
- (b) Date of last renewal indicating the  
period upto which renewed
3. Address in full with PIN code:
4. Date of purchase of spectacles and its actual cost :
5. Whether certificate issued by a registered  
Ophthalmist is enclosed in original? :
6. Whether cash bill is enclosed in original? :

Signature/Thumb impression of the  
registered manual worker.

---

### **DECLARATION BY THE APPLICANT\***

(i) I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be

false, I hereby agree to refund in full the amount reimbursed towards purchase of spectacles for myself.

(ii) I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date : Signature/Thumb impression of the  
registered manual worker.

\*Any false declaration/ certification will entail legal action .

---

### **CERTIFICATE\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date: Member ..... Tamil Nadu.....  
Welfare Board  
President/Secretary of the Registered Trade Union of the  
Employment/ Assistant Inspector of Labour concerned

/Any

other officer permitted to give employment certificate.

\*Any false declaration/ certification will entail legal action .

### **SANCTION**

I hereby sanction, after due verification, the reimbursement of a sum of Rs...../(Rupees  
..... only) to Selvi/Thiru/Tmt....., towards the actual cost on purchase  
of spectacles for himself/herself.

Office Seal:

The Labour Officer(Social Security Scheme)  
..... district

---

### **ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt./ Selvi ..... registered manual worker  
(Registration No.....) application for reimbursement of cost on purchase of spectacles  
for himself/herself.

The Labour Officer(Social Security Scheme)  
..... district .....with

date

Office Seal :

Name:  
Designation: .”.

---

—

### **NOTIFICATION -X.**

In exercise of the powers conferred by section 4 read with section 3 of the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 (Tamil Nadu Act 33 of 1982), the Governor of Tamil Nadu, after consultation with the Advisory Committee, hereby makes the following amendments to the Tamil Nadu Handloom and Handloom Silk Weaving Workers Social Security and Welfare Scheme, 2006.

2. The amendments hereby made shall come into force on the 31<sup>st</sup> day of October, 2008.

### **AMENDMENTS**

In the said Scheme, -

(1) in clause 9,-

(i) in sub-clause (1), after the expression “Board”, the expression “through the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

(ii) in sub-clause (2),-

(a ) after the expression “such registration shall be made”, the expression “in duplicate to the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

( b ) after item (c), the following item shall be added, namely:-

“(d) Village Administrative Officer and for Chennai district, the Revenue Inspector concerned.”;

(iii) for sub-clause (3), the following sub-clause shall be substituted, namely:-

“(3) (a) The registration of the name of the manual worker with the Board shall be made by the Labour Officer (Social Security Scheme) of the respective district after due verification by the respective Village Administrative Officer and for Chennai district, by the Revenue Inspector concerned.

(b) The registration under this clause is valid for a period of two years or until the registered manual worker attains the age of sixty years, whichever is earlier.”;

(iv) in sub-clauses (4) and (5), for the expression “Board or district or local office” wherever it occurs, the expression “Labour Officer ( Social Security Scheme ) of the respective district ” shall be substituted;

(v) in sub-clause (6), after item (c), the following item shall be added, namely:-

“(d) Where the nomination made is incomplete or becomes void, the assistance shall be released to the legal heirs of the deceased registered manual worker.”;

(2) in clause 10,-

(v) in sub-clauses (1) and (2), for the expression “Executive Officer”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(3) in clause 11, in sub-clause (4), after the expression “Board”, the expression “and the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

(4) in clause 14, in sub-clause (3), for the expression “Executive Officer or any other officer authorised in this behalf by the Board”. the expression “Labour Officer ( Social Security

Scheme ) of the respective district, after due verification” shall be substituted;

- (5) in clause 15, for the expression “Chief Executive Officer or any other officer authorised by the Chief Executive Officer in this behalf”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

- (6) in clause 17,-

(i) in sub-clause (1), after the expression “Personal Accident Relief”, the following expression shall be added, namely:-

“and where the accident results in death, their nominees are eligible for Personal Accident Relief.”;

- (ii) in sub-clause (3),-

(a) in item (a), for the expression “Board”, occurring in three places, the expression “Labour Officer ( Social Security Scheme ) of the respective district ” shall be substituted;

(b) in item (e), for the expression “ Board or any Officer authorised in this behalf ”, the expression “ Labour Officer ( Social Security Scheme ) of the respective district ” shall be substituted;

- (7) in clause 18,-

13. in sub-clause (2), for the expression “Board” occurring in five places, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

14. in sub-clause (3), for the expression “ Rs.300 (Rupees three hundred only)”, the expression “Rs.400 (Rupees four hundred only)” shall be substituted;

- (8) in clause 19,-

(i) in sub-clause (1), for the expression “Secretary or any other officer authorised in this behalf by the Board”, the expression “Labour Officer ( Social Security Scheme ) of the respective district, after due verification” shall be substituted;

(ii) in sub-clause (2), the expression “by the Board” shall be omitted;

- (9) in clause 20, in sub-clause (1), for the expression “Secretary or any other Officer authorized in this behalf by the Board” , the expression “Labour Officer ( Social Security Scheme ) of the respective district, after due verification” shall be substituted;

- (10) in clause 21,-

(xi) for sub-clause (1), the following sub-clause shall be substituted, namely:-

“(1) The assistance for the education of the children of a registered manual worker shall be sanctioned by the Labour Officer ( Social Security Scheme ) of the respective

district, after due verification, as specified in the Table below:-

**THE TABLE.**

Serial Number	Form	Course of Study	Day Scholar		Hosteller	
			Boys	Girls	Boys	Girls
			Rs.	Rs.	Rs.	Rs.
1	XI	10 <sup>th</sup> Std., Studying-Girl children only	---	1,000	---	---
2	X	10 <sup>th</sup> Std., passed	1,000	1,000	---	---
3	XI	11 <sup>th</sup> Std., Studying-Girl children only	---	1,000	---	---
4	XI	12 <sup>th</sup> Std. Studying – Girl children only	---	1,500	---	---
5	X	12 <sup>th</sup> Std. passed	1,500	1,500	---	---
6	XII	Studying regular Bachelor Degree course (Every academic year)	1,500	1,500	1,750	1,750
7	XII	Studying regular Post Graduate course ( Every academic year )	2,000	2,000	3,000	3,000
8	XII	Studying regular Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses . ( Every academic year )	2,000	2,000	4,000	4,000
9	XII	Studying regular Post Graduate Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses ( Every academic year )	4,000	4,000	6,000	6,000
10	XII	Studying ITI or Polytechnic course (Every academic year)	1,000	1,000	1,200	1,200

”;

(xii) for sub-clause (3), the following sub-clause shall be substituted, namely:-

“ (3) The application for assistances specified in serial numbers 2 and 5 in column (1) of the Table in sub-clause (1) shall be in Form X to be submitted after passing of the course, the application for assistances specified in serial numbers 6 to 10 in column (1) of the said Table shall be in Form XII to be submitted before completion and passing of the course and the application for assistances specified in serial numbers 1.3



and 4 shall be in Form XI to be submitted before completion and passing of the course.”;

- (11) in clause 22, in sub-clause (1), for the expression “Secretary or any other Officer authorised in this behalf by the Board, shall on an application from a registered manual worker”, the expression “Labour Officer ( Social Security Scheme ) of the respective district shall, on an application from a registered manual worker, after due verification” shall be substituted;

- (12) in clause 23, for sub-clause (1), the following sub-clause shall be substituted, namely:-

“(1) The Labour Officer ( Social Security Scheme ) of the respective district shall, on an application from a registered female manual worker, sanction the assistance as indicated below, after due verification of the proof produced by her of her pregnancy or delivery of child by her or the miscarriage of her pregnancy or the termination of pregnancy:-

(i) Pregnancy - Rs.6,000/-  
(Rs.3,000/- shall be paid on the seventh month of pregnancy and remaining Rs.3,000/- shall be paid on delivery of the child)

(ii) Miscarriage of pregnancy -Rs.3,000/-

(iii) Termination of pregnancy -Rs.3,000/-.”;

- (13) in clause 24,-

(i) in sub-clause (1), for the expression “Secretary or any other officer authorised in this behalf by the Board, shall on an application From XV from a registered manual worker”, the expression “Labour Officer ( Social Security Scheme ) of the respective district, shall on an application From XV from a registered manual worker, after due verification” shall be substituted;

(ii) for sub-clause (2), the following sub-clause shall be substituted, namely:-

“(2) The assistance shall be restricted to 65 registered manual workers per year in each district on “First come – First serve” basis depending upon the applications received.”;

- (14) for Form I, the following Form shall be substituted, namely :-

**“FORM – I**  
**[See Clause 9(2)]**

APPLICATION FOR REGISTRATION

To

Affix  
Passport  
size  
photograph

The Labour Officer (Social Security Scheme),  
..... district.

Registration No.....  
(to be filled in by the Registration Authority)

1. Name of the Worker :
2. Name of the Father/Husband :
3. Date of birth  
(Enclose Xerox Copy of evidence Day Month Year  
in proof duly attested by a Group A  
or Group B Officer)\*
4. Marital Status  
(Whether married, unmarried, widow/widower) :
5. Permanent address :
6. Present address :
7. State whether self-employed or employed :
8. If employed, furnish the name and address  
of the establishment and also the name and  
address of the employer/contractor :
9. Nature of work :
10. Number of years engaged in the employment  
as on the date of application :
11. Particulars of the members of the family

Sl. No.	Name	Age	Relationship	Marital status
(1)	(2)	(3)	(4)	(5)

12. (a) Whether the wife/husband is employed ? :
- (b) If so furnish details

13. Nomination for receipt of Natural Death/Accidental  
Death Assistance :

Name and address ** of the nominee/nominees (1)	Nominee's Relationship with the worker (2)	Age of the nominee (3)	Percentage of amount to paid to each nominee (4)

\*(i) Birth Certificate or (ii) School Certificate or (iii) Driving Licence or (iv) Ration Card or  
(v) Voter's identity card or (vi) Certificate from Registered Medical Practitioner not below  
the rank of Civil Surgeon of a Government Hospital in the prescribed format duly signed by  
the worker.

\*\* Nominees shall be dependant Family Members.

Signature or left hand thumb impression of the manual worker.  
(Left hand thumb impression to be attested by the Registration  
Authority)

**DECLARATION BY THE APPLICANT.\*\*\***

I declare that I am not registered as a member in any other Manual Workers Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Signature or left hand thumb impression of the manual worker.  
(Left hand thumb impression to be attested by the Registration Authority)

\*\*\* Any false declaration/ certification will entail legal action.

---

**CERTIFICATE OF EMPLOYMENT\*\*\*.**

Certified that the particulars furnished by Thiru/Thirumathi/ Selvi....., regarding employment as a manual worker in the application for registration are true to the best of my knowledge and belief.

Place:

Date :

Signature and name of the person /  
Officer issuing the certificate

\*\*\* Any false declaration/ certification will entail legal action

---

**VERIFICATION CERTIFICATE.**

After due verification it is certified that the particulars furnished in the application and the proof of age are found correct and recommended for registration.

Place:

Date:

Village Administrative Officer /  
Revenue Inspector (for Chennai district)

---

**Office Note:-**

Application and proof verified. The recommendation of the .....is accepted and the applicant is registered as member of the Tamil Nadu ..... Welfare Board . Application for membership rejected (In case of rejection, reason should be clearly mentioned).

**Labour Officer ( Social Security Scheme )**  
.....district

---

**ACKNOWLEDGEMENT SLIP.**

Received from Selvi/Thiru/Tmt. ....residing at  
..... application for registration as manual worker in the Tamil Nadu ..... Welfare Board.

Office Seal:  
).....

Labour Officer ( Social Security Scheme  
district with date

Name :

Designation : .”.

---

(15) in Form II,-

- under the heading “SCHEME ASSISTANCES OF THE BOARD”, in serial number 8, against the entry “Pension”, for the expression “300”, the expression “400” shall be substituted;
- under the heading “Details of Scheme Assistance provided to the worker”, in the Table, for the expression “Name of the Beneficiary”, the expression “Name of the person” shall be substituted;
- under the heading “GENERAL INSTRUCTIONS”,-
  - (a) for the expression “Assistant Inspector of Labour”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;
  - (b) for the expression “Board” occurring in three places, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(16) in FORM - VI, for the expression “The Secretary,”, the expression “The Labour Officer (Social Security Scheme ), ..... district.” shall be substituted;

(17) for FORM - VII, the following Form shall be substituted, namely.-

**“FORM – VII**  
**[See Clause 17(3)(b)]**  
**APPLICATION FOR PAYMENT OF COMPENSATION FOR**  
**ACCIDENTAL DEATH/ DISABILITY**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

16. (a) Name of the registered manual worker } :  
(b) Address (in full)  
(on the date of death/ disability) :  
(c) Age :  
(d) Registration number and date of  
initial registration :  
(e) Renewal date :  
(f) Occupation :  
2. (a) Area :  
(b) Place :  
(c) District :  
3. (a) Name of the nominee :  
(b) Relationship with the deceased registered manual worker  
(in the case of accidental death only) :  
(c) Age of the nominee :  
(d) Address in full (with PIN) :  
4. Whether the claimant is the registered worker  
himself (in the case of accidental  
disability) or the nominee of the  
registered manual worker? :  
5. Date and time of accident :  
6. Place of accident :  
(a) at the work place :  
(b) outside the work place :  
7. Whether intimation regarding accident has been given  
in Form - VI as per clause 17 (3) (a)? :  
8. Whether the accident resulted in death/  
loss of limb/loss of eye sight/partial injury? :  
9. In the case of accidental disability, a certificate  
from a Civil Surgeon of the Government  
Hospital indicating the percentage of  
disability due to accident with details should be  
obtained and enclosed in original. :  
10 ( i) Date and time of death (in the case of accidental death) :

- (ii) Attested copy of First Information Report. from the Police  
Station nearer to the place of accident to be enclosed :
- (iii) Post-Mortem Certificate and final  
Investigation Report should be sent in original :
- (iv) Death Certificate (attested copy) should be  
enclosed :

worker /  
Signature/Thumb impression of the registered manual  
nominee in case of death.

### **DECLARATION BY THE CLAIMANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for accidental death/disability. I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :  
Date : Signature/Thumb impression of the registered manual worker /  
nominee in case of death.

\* Any false declaration/ certification will entail legal action.

---

### **SANCTION**

I hereby sanction, after due verification, for payment of Rs...../- (Rupees ...only) towards accidental death/disability to Selvi/Thiru/Tmt. .... nominee of the deceased manual worker (Registration Number..... ) / registered worker (Registration Number.....) himself.

Place: Labour Officer ( Social Security Scheme )  
Date: .....district.  
(Affix Rubber Stamp)

---

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. .... application for sanction  
of assistance towards accidental death/disability in respect of deceased registered manual worker Selvi/Thiru/Tmt. .... (Registration Number .....)/registered manual worker Selvi/Thiru/Tmt. ....(Registration Number .....).

Labour Officer ( Social Security Scheme ) .....  
district with date  
Name:

Office Seal :

Designation: .”;

---

(18) for Form-VIII, the following Form shall be substituted, namely:-

**“FORM -VIII**  
**[See Clause 18(2)]**

**APPLICATION FOR PENSION**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

Passport size  
photograph  
duly signed

1. Name of the Applicant : :
2. Address in full (to which pension is to be sent) (with PIN code) :
3. Registration number and date :  
(Original identity Card should be enclosed)
4. Age and date of completion of 60 years of age : :
5. Date of completion of continuous period of five years as registered manual worker of the Board : :
6. Whether the registration has been renewed regularly without any default? If so, details may be furnished : :

Sl. No. (1)	Date of initial registration/ subsequent renewal (2)	Period of validity of registration/renewal	
		From (3)	To (4)

7. Whether in receipt of any other pension?  
If so, furnish complete details : :

registered

Signature/Thumb impression of the

manual worker.

### **DECLARATION\***

I hereby certify that the facts mentioned above are true to the best of my knowledge and information. I am not a registered manual worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place: Signature/Thumb impression of the registered manual worker.

Date: Name :

\*Any false declaration/ certification will entail legal action

---

Note : 1. Besides the photograph affixed above, another passport size photograph should be enclosed with the application.

17. Incomplete applications will not be considered.

### **SANCTION**

I hereby sanction, after due verification, a monthly pension of Rs...../-  
(Rupees..... only) with effect from..... The amount shall be sent by Money Order.

Place : Labour Officer ( Social Security Scheme )

Date : .....district.

---

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....(Address in full) .....  
.....(Registration No. ....)  
application for sanction of pension.

Labour Officer ( Social Security Scheme ) ..... district with date

Name:

Office Seal :

Designation: .”;



(19) for Form-VIII-A, the following Form shall be substituted, namely:-

**“FORM -VIII-A**

**[See Clause 18(2)]**

**APPLICATION FOR DISABILITY PENSION**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

Passport size  
photograph  
duly signed

1. Name of the applicant :
2. Address in full (to which pension  
is to be sent) (with PIN code) :
3. Registration number and date :  
(Original identity card should be enclosed)
4. Age and date of completion of  
60 years of age :
5. Date of completion of continuous period of  
five years as registered manual worker of the Board :
6. Whether the registration has been renewed  
regularly without any default? If so,  
details may be furnished :

Sl. No.	Date of initial registration/ subsequent renewal	Period of validity of registration/renewal	
		From	To
(1)	(2)	(3)	(4)

7. Whether the applicant has become disabled  
due to sickness and incapacitated from normal  
work? (If so, a certificate by a Medical Officer  
not below the rank of Civil Surgeon of the Government

Hospital under his name and seal should be enclosed in original)

8. Whether in receipt of any other pension?

If so, furnish complete details :

Signature/Thumb impression of the registered  
manual worker

**DECLARATION\***

I hereby declare that the facts mentioned above are true to the best of my knowledge and information. I am not a registered worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as disability pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place: Signature/Thumb impression of the registered manual worker

Date: Name :

\* Any false declaration/ certification will entail legal action

---

Note : 1. Besides the photograph affixed above another passport size  
photograph should be enclosed with the application.  
2. Incomplete applications will not be considered.

**SANCTION**

I hereby sanction, after due verification, a monthly pension of Rs...../- (Rupees..... only ) with effect from..... The amount shall be sent by Money Order.

Office Seal:

Place : **Labour Officer ( Social Security Scheme )**  
**Date : .....district.**

---

**ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....(Address in full) .....  
.....(Registration No. ....)  
application for sanction of disability pension.

Labour Officer ( Social Security Scheme ) ..... district with date

Name:

Office Seal : Designation: .”;

---

(20) for Form-IX, the following Form shall be substituted, namely:-

**“FORM – IX**  
**[See Clause 19(2) and 20(2)]**

**APPLICATION FOR PAYMENT OF FUNERAL EXPENSES/  
NATURAL DEATH ASSISTANCE**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

- 26. Name of the deceased registered manual worker:
- 27. Address in full (at the time of death):
- 28. Age (on the date of death) :
- 29. Nature of work :
- 30. (a) Registration Number and date of initial registration.  
(Original Identity card should be enclosed).
- (b) Date of last renewal, indicating the  
period upto which renewed
- 6. (a) Place of death
- (b) Date of death
- (c) Cause of death (to be indicated clearly) :  
(Avoid indicating as “Natural Death”)  
(Death Certificate in original shall be enclosed)

7. (a) Name of the nominee :  
(b) Age on the nominee (in completed years):  
(c) Address of the nominee in full indicating PIN Code:  
(d) Relationship of the nominee with the deceased  
registered manual worker

Signature/Thumb impression of the nominee of the  
registered manual worker

**DECLARATION OF THE NOMINEE \***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for death/funeral expenses of the deceased manual worker.

I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :

Signature/Thumb impression of the  
nominee of the registered manual worker

\*Any false declaration/ certification will entail legal action

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application are correct.

Place:

Date:

Members, ..... Tamil Nadu .....

Welfare Board / President/Secretary of the Registered Trade

Union of the Employment concerned/Assistant Inspector  
of Labour concerned /Any other officer permitted to give  
employment certificate.

\* Any false declaration/ certification will entail legal action

---

**SANCTION**

6. I hereby sanction, after due verification, a sum of Rs.                      /- (Rupees  
only) as assistance to Thiru/Tmt/Selvi. ...., nominee / nominees, for the funeral  
of Thiru/Thirumathi/Selvi ..... a registered manual worker.

2. I hereby sanction, after due verification, a sum of Rs.                      /-(Rupees  
only) as assistance to Thiru/Tmt/Selvi....., nominee/nominees, on the natural death of  
Thiru/Thirumathi/Selvi .....a registered manual worker.

Office Seal:

Place :

Date :

Labour Officer ( Social Security Scheme )  
.....district.

---

**ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....  
.....claim application for  
sanction of Funeral/Natural death assistance in respect of deceased registered manual worker  
Selvi/Thiru/Tmt. .... (Registration No. .... )

Labour Officer ( Social Security Scheme ).....  
district with date

Name:

Office Seal :

Designation: .”;

---

(21) for Form-X, the following Form shall be substituted, namely:-

**FORM-X**

[See Clause 21(3)]

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR PASS IN  
10<sup>TH</sup> STANDARD AND 12<sup>TH</sup> STANDARD EXAMINATION.**

To

The Labour Officer ( Social Security Scheme )  
..... district.

(xi) Name of the registered manual worker.

(xii) (a) Registration Number and date of initial registration.  
(Original Identity card should be enclosed).

(b) Date of last renewal, indicating the  
period upto which renewed

3. Address (in full) with PIN Code :

4. Details of family members of the registered  
manual worker: -

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought for:-

Sl. No.	Name (Son/Daughter)	Date of Birth	Examination passed	Month and Year of Pass	Name of the School studied
(1)	(2)	(3)	(4)	(5)	(6)

**Note:-** Xerox copy of the Mark Sheet in support of having passed the Examination, duly attested by a Group A or Group B Officer should be enclosed.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing assistance	Amount of assistance (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker

### **DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance. I further declare that I have not availed similar assistance from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date : Signature/Thumb impression of  
the registered manual worker

\* Any false declaration/ certification will entail legal action .

### **CERTIFICATE\***

I hereby certify that the particulars furnished in the application are correct.

Place:

Date: Members, ..... Tamil Nadu.....  
Welfare Board /

President/Secretary of the Regd. Trade Union of the  
Employment concerned/ Assistant Inspector  
of Labour concerned /Any other officer permitted  
to give employment certificate.

\* Any false declaration/ certification will entail legal action .

### **SANCTION**

I hereby sanction, after due verification a sum of Rs...../- (Rupees ..... only) as educational assistance, in respect of \*Selvan/\*Selvi..... \* son/\*daughter of \*Thiru/Tmt..... registered manual worker (Registration No..... ).

Office Seal:

Place: Labour Officer ( Social Security Scheme ) .....district

Date :

\* Strikeout whichever is not applicable

---

**ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt./ Selvi/ ..... (Registration No.....) claim application for sanction of educational assistance .

Labour Officer ( Social Security Scheme )  
..... district with date

Name:

Office Seal :

Designation: .”;

(22) for Form-XI, the following Form shall be substituted, namely:-

**“FORM-XI**

[See Clause 21(3)]

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR GIRL CHILDREN  
STUDYING**

**IN 10<sup>TH</sup> STANDARD/ 11<sup>TH</sup> STANDARD / 12<sup>TH</sup> STANDARD.**

To

The Labour Officer ( Social Security Scheme

..... **district.**

11. Name of the registered manual worker.

12. (a) Registration Number and date of initial registration

- (Original identity card should be enclosed).
- (b) Date of last renewal, indicating the period upto which renewed
3. Address (in full) with PIN Code :
4. Details of family members of the registered manual worker :

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the daughter for whom Educational Assistance is sought for:-

Sl. No.	Name	Date of Birth	Standard in which studying (Std. 10 <sup>th</sup> /11 <sup>th</sup> / 12 <sup>th</sup> )	Year of Study (indicate the academic year)	Name of the school with full address
(1)	(2)	(3)	(4)	(5)	(6)

**Note:-** Certificate from the Head Master/Principal of the School to the effect that the daughter of the registered manual worker is studying the course, should be enclosed.

6. Number of children for whom the assistance has already been availed from the Board:

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing the assistance	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker.

**DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date : Signature/Thumb impression of the registered manual worker.

\*Any false declaration/ certification will entail legal action .

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application are correct.

Place:

Date: Members, ..... Tamil Nadu .....  
Welfare Board /

President/Secretary of the Registered. Trade Union  
of the Employment concerned/ / Assistant

Inspector

of Labour concerned /Any other officer permitted



to give employment certificate.

\* Any false declaration/ certification will entail legal action ..

---

**SANCTION**

I hereby sanction, after due verification, a sum of Rs...../- (Rupees.....only) to the claimant as educational assistance, in respect of Selvi..... daughter of Thiru/Tmt..... registered manual worker (Registration No.....).

**Office Seal:**

**Place**

**Labour Officer ( Social Security Scheme ) .....district**

**Date**

---

**ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. .... registered manual worker  
(Registration No.....), claim application for sanction of educational assistance.

Labour Officer ( Social Security Scheme ) ..... district with date  
Name:

Office Seal :

Designation: .”;

---

(23) for Form-XII, the following Form shall be substituted, namely:-

**“FORM-XII**  
**[See Clause 21(3)]**

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR HIGHER EDUCATION**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

11. Name of the registered manual worker.
12. a) Registration Number and date of initial registration  
(Original identity card should be enclosed).
- b) Date of last renewal, indicating the  
period upto which renewed
3. Address (in full) with PIN Code :
4. Details of family members of the registered  
manual worker :

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought :-

Sl. No.	Name	Date of Birth	Name of the course studying	Duration of the course	Name of the College/Institution with address in full
(1)	(2)	(3)	(4)	(5)	(6)

**Note:** - Certificate from the Principal of the College/Educational institution to the effect that the son or daughter of the registered manual worker is studying the course indicating whether a day scholar or hosteller should be enclosed in original.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Years of availing assistance Rs.	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/ Thumb impression of the registered manual worker.

**DECLARATION BY THE APPLICANT.\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefit by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date

Signature/Thumb impression of the registered manual  
worker.

---

\* Any false declaration/ certification will entail legal action .

---

### **CERTIFICATE\***

I hereby certify that the above particulars are correct.

Place:

Date:

Members, ..... Tamil Nadu.....

Welfare Board /

President/Secretary of the Registered. Trade Union

of the Employment concerned/ / Assistant

Inspector

of Labour concerned /Any other officer permitted  
to give employment certificate.

\*Any false declaration/ certification will entail legal action ..

---

### **SANCTION**

I hereby sanction, after due verification, a sum of Rs...../- (Rupees .....  
.....only) towards educational assistance in respect of \*Selvi/\*Selvan .....(\*son  
/\*daughter) of \*Thiru/\*Tmt..... registered manual worker (Registration  
number.....).

Place:

Labour Officer, ( Social Security Scheme )

..... district

Date

\* Strikeout whichever is not applicable

---

### **ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. .... registered manual  
worker (Registration No. .... ) claim application for sanction of educational  
assistance.

Labour Officer ( Social Security Scheme ) .....  
district with date



**DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance for the marriage of self/daughter/son.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date : Signature/Thumb impression of the  
registered manual worker.

\*Any false declaration/ certification will entail legal action ..

---

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date: Members, ..... Tamil Nadu.....  
Welfare Board/  
President/Secretary of the Regd. Trade Union of the  
Employment concerned// Assistant Inspector  
of Labour concerned /Any other officer permitted  
to give employment certificate.

\*Any false declaration/ certification will entail legal action ..

---

**SANCTION**

I hereby sanction, after due verification, a sum of Rs...../- (Rupees ..... only)  
towards marriage assistance of the son / daughter / self of Thiru/Tmt....., registered  
manual worker of the Board (Registration number.....)

**Labour Officer ( Social Security Scheme )**  
..... district.

---

**A C K N O W L E D G E M E N T   S L I P**

Received from Thiru/Tmt. ....(Registration No. .... )  
.....claim application for  
sanction of marriage assistance.

**Labour Officer ( Social Security Scheme )..... district**

with date

Name:

Office Seal :

Designation:

.”;

(25) for Form-XIV, the following Form shall be substituted, namely:-

**“FORM – XIV**

**[See clause 23(3)]**

**APPLICATION FOR PAYMENT OF MATERNITY ASSISTANCE  
FOR PREGNANCY OR MISCARRIAGE OR TERMINATION OF PREGNANCY BY  
A REGISTERED FEMALE MANUAL WORKER**

To

**Labour Officer ( Social Security Scheme )**

.....district

11. Name of the registered female manual worker :
12. (a) Registration Number and date of initial registration  
(Original Identity card should be enclosed).
- (b) Date of last renewal indicating the  
period upto which renewed
3. Address (in full) with PIN Code :
4. Particulars of surviving son/daughter of the registered  
female manual worker:

Sl. No.	Name	Sex	Date of Birth	Age
(1)	(2)	(3)	(4)	(5)

5. Month of Pregnancy\* on the date of claim application:  
\*(Certificate from the Civil Assistant Surgeon of the Government Hospital in  
support of this should be enclosed in original)
6. Whether the claim is for pregnancy or miscarriage of  
pregnancy or termination of pregnancy?  
If so details may be furnished. (Certificate  
from the Civil Assistant Surgeon of the Government  
Hospital to this effect should be obtained  
and sent in original)
7. Whether the assistance has already been  
availed by the registered female manual worker?  
If so, details may be furnished:  
Signature/Thumb impression of the  
registered manual worker.

**DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date : Signature/Thumb impression of the  
registered female manual worker.

---

\*Any false declaration/ certification will entail legal action ..

---

**Note.-** (i) The Birth Certificate from the Registrar of Births of the area concerned should be obtained and sent in original for release of the assistance after the date of delivery.

(ii) In the event of untoward demise of the registered female manual worker after the 7<sup>th</sup> month of pregnancy either before delivery or three months after delivery, the fact should be reported to the Medical Officer of Primary Health Centre concerned and for Chennai district to the Health Officer concerned, immediately along with the Death Certificate in original, for sanction of Funeral Expenses (or) Natural death assistance as admissible under the Scheme.

---

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date: Members, ..... Tamil Nadu.....  
Welfare Board/  
President/Secretary of the Regd. Trade Union of the  
Employment concerned// Assistant Inspector  
of Labour concerned /Any other officer permitted  
to give employment certificate.

\*Any false declaration/ certification will entail legal action ..

---

**SANCTION**

I hereby sanction, after due verification, for the payment of assistance of Rs...../- (Rupees..... only) to Tmt.....registered female manual worker (Registration No.....) \*at the time of seventh month of pregnancy / \*on delivery of child / \*for miscarriage of pregnancy /\* termination of pregnancy (\* Strike out whichever is not applicable).

Office Seal:

Labour Officer (Social Security  
Scheme).....district

---

**ACKNOWLEDGEMENT SLIP**

Received from Tmt. .... registered female manual  
worker (Registration Number.....) claim application for sanction of maternity assistance for

\*pregnancy/\*miscarriage of pregnancy /\*termination of pregnancy in respect of the registered female manual worker .

\* Strikeout whichever is not applicable

Labour Officer (Social Security Scheme)  
.....district

Office Seal :

Name:  
Designation: .”;

---

(26) for Form-XV, the following Form shall be substituted, namely :-

**“FORM – XV**  
**[See Clause 24(3)]**  
**APPLICATION FOR REIMBURSEMENT OF COST ON**  
**PURCHASE OF SPECTACLES BY THE REGISTERED MANUAL WORKER**

To  
The Labour Officer(Social Security Scheme)  
..... district.

11. Name of the registered manual worker.
12. (a) Registration Number and date of initial registration.  
(Original identity card should be enclosed).
- (b) Date of last renewal indicating the  
period upto which renewed
3. Address in full with PIN code:
4. Date of purchase of spectacles and its actual cost :
5. Whether certificate issued by a registered  
Opthalmist is enclosed in original? :
6. Whether cash bill is enclosed in original? :

Signature/Thumb impression of the  
registered manual worker.

---

**DECLARATION BY THE APPLICANT\***

(i) I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount reimbursed towards purchase of spectacles for myself.

(ii) I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :

Signature/Thumb impression of the



registered manual worker.

\*Any false declaration/ certification will entail legal action .

---

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date:

Member ..... Tamil Nadu.....

Welfare Board

President/Secretary of the Registered Trade Union of the  
Employment/ sistant Inspector of Labour concerned

/Any

other officer permitted to give employment certificate.

\*Any false declaration/ certification will entail legal action .

**SANCTION**

I hereby sanction, after due verification, the reimbursement of a sum of Rs...../(Rupees  
..... only) to Selvi/Thiru/Tmt....., towards the actual cost on purchase  
of spectacles for himself/herself.

Office Seal:

The Labour Officer(Social Security Scheme)  
..... district

---

**ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt./ Selvi ..... registered manual worker  
(Registration No.....) application for reimbursement of cost on purchase of spectacles  
for himself/herself.

The Labour Officer(Social Security Scheme)  
..... district .....with

date

Name:

Office Seal :

Designation: .”.

---

### **NOTIFICATION –XI.**

In exercise of the powers conferred by section 4 read with section 3 of the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 (Tamil Nadu Act 33 of 1982), the Governor of Tamil Nadu, after consultation with the Advisory Committee, hereby makes the following amendments to the Tamil Nadu Footwear and Leather Goods Manufactory and Tannery Workers Social Security and Welfare Scheme, 2006.

2. The amendments hereby made shall come into force on the 31<sup>st</sup> day of October, 2008.

### **AMENDMENTS**

In the said Scheme, -

- (1) in clause 9,-

- (i) in sub-clause (1), after the expression “Board”, the expression “through the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

- (ii) in sub-clause (2),-

- (a ) after the expression “such registration shall be made”, the expression “in duplicate to

the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

( b ) after item (c), the following item shall be added, namely:-

“(d) Village Administrative Officer and for Chennai district, the Revenue Inspector concerned.”;

(iii) for sub-clause (3), the following sub-clause shall be substituted, namely:-

“(3) (a) The registration of the name of the manual worker with the Board shall be made by the Labour Officer (Social Security Scheme) of the respective district after due verification by the respective Village Administrative Officer and for Chennai district, by the Revenue Inspector concerned.

(b) The registration under this clause is valid for a period of two years or until the registered manual worker attains the age of sixty years, whichever is earlier.”;

(iv) in sub-clauses (4) and (5), for the expression “Board or district or local office” wherever it occurs, the expression “Labour Officer ( Social Security Scheme ) of the respective district ” shall be substituted;

(v) in sub-clause (6), after item (c), the following item shall be added, namely:-

“(d) Where the nomination made is incomplete or becomes void, the assistance shall be released to the legal heirs of the deceased registered manual worker.”;

(2) in clause 10,-

(vi) in sub-clauses (1) and (2), for the expression “Executive Officer”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(3) in clause 11, in sub-clause (4), after the expression “Board”, the expression “and the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

(4) in clause 14, in sub-clause (3), for the expression “Executive Officer or any other officer authorised in this behalf by the Board”, the expression “Labour Officer ( Social Security Scheme ) of the respective district, after due verification” shall be substituted;

(5) in clause 15, for the expression “Chief Executive Officer or any other officer authorised by the Chief Executive Officer in this behalf”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(6) in clause 17,-

(i) in sub-clause (1), after the expression “Personal Accident Relief”, the following expression shall be added, namely:-

“and where the accident results in death, their nominees are eligible for Personal Accident Relief.”;

(ii) in sub-clause (3),-

(a) in item (a), for the expression “Board”, occurring in three places, the expression “Labour Officer ( Social Security Scheme ) of the respective district ” shall be substituted;

(b) in item (e), for the expression “ Board or any Officer authorised in this behalf ”, the expression “ Labour Officer ( Social Security Scheme ) of the respective district ” shall be substituted;

(7) in clause 18,-

15. in sub-clause (2), for the expression “Board” occurring in five places, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

16. in sub-clause (3), for the expression “ Rs.300 (Rupees three hundred only)”, the expression “Rs.400 (Rupees four hundred only)” shall be substituted;

(8) in clause 19,-

(i) in sub-clause (1), for the expression “Secretary or any other officer authorised in this behalf by the Board”, the expression “Labour Officer ( Social Security Scheme ) of the respective district, after due verification” shall be substituted;

(ii) in sub-clause (2), the expression “by the Board” shall be omitted;

(9) in clause 20, in sub-clause (1), for the expression “Secretary or any other Officer authorized in this behalf by the Board” , the expression “Labour Officer ( Social Security Scheme ) of the respective district, after due verification” shall be substituted;

(10) in clause 21,-

(xiii) for sub-clause (1), the following sub-clause shall be substituted, namely:-

“(1) The assistance for the education of the children of a registered manual worker shall be sanctioned by the Labour Officer ( Social Security Scheme ) of the respective district, after due verification, as specified in the Table below:-

**THE TABLE.**

Serial Number	Form	Course of Study	Day Scholar		Hosteller	
			Boys	Girls	Boys	Girls
			Rs.	Rs.	Rs.	Rs.

1	XI	10 <sup>th</sup> Std., Studying-Girl children only	---	1,000	---	---
2	X	10 <sup>th</sup> Std., passed	1,000	1,000	---	---
3	XI	11 <sup>th</sup> Std., Studying-Girl children only	---	1,000	---	---
4	XI	12 <sup>th</sup> Std. Studying – Girl children only	---	1,500	---	---
5	X	12 <sup>th</sup> Std. passed	1,500	1,500	---	---
6	XII	Studying regular Bachelor Degree course (Every academic year)	1,500	1,500	1,750	1,750
7	XII	Studying regular Post Graduate course ( Every academic year )	2,000	2,000	3,000	3,000
8	XII	Studying regular Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses . ( Every academic year )	2,000	2,000	4,000	4,000
9	XII	Studying regular Post Graduate Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses ( Every academic year )	4,000	4,000	6,000	6,000
10	XII	Studying ITI or Polytechnic course (Every academic year)	1,000	1,000	1,200	1,200

.”;

(xiv) for sub-clause (3), the following sub-clause shall be substituted, namely:-

“ (3) The application for assistances specified in serial numbers 2 and 5 in column (1) of the Table in sub-clause (1) shall be in Form X to be submitted after passing of the course, the application for assistances specified in serial numbers 6 to 10 in column (1) of the said Table shall be in Form XII to be submitted before completion and passing of the course and the application for assistances specified in serial numbers 1,3 and 4 shall be in Form XI to be submitted before completion and passing of the course.”;

- (11) in clause 22, in sub-clause (1), for the expression “Secretary or any other Officer authorised in this behalf by the Board, shall on an application from a registered manual worker”, the expression “Labour Officer ( Social Security Scheme ) of the respective district shall, on an application from a registered manual worker, after due verification” shall be substituted;

(12) in clause 23, for sub-clause (1), the following sub-clause shall be substituted, namely:-

“(1) The Labour Officer ( Social Security Scheme ) of the respective district shall, on an application from a registered female manual worker, sanction the assistance as indicated below, after due verification of the proof produced by her of her pregnancy or delivery of child by her or the miscarriage of her pregnancy or the termination of pregnancy:-

(i) Pregnancy - Rs.6,000/-  
(Rs.3,000/- shall be paid on the seventh month of pregnancy and remaining Rs.3,000/- shall be paid on delivery of the child)

(ii) Miscarriage of pregnancy -Rs.3,000/-

(iii) Termination of pregnancy -Rs.3,000/-.”;

(13) in clause 24,-

(i) in sub-clause (1), for the expression “Secretary or any other officer authorised in this behalf by the Board, shall on an application From XV from a registered manual worker”, the expression “Labour Officer ( Social Security Scheme ) of the respective district, shall on an application From XV from a registered manual worker, after due verification” shall be substituted;

(ii) for sub-clause (2), the following sub-clause shall be substituted, namely:-

“(2) The assistance shall be restricted to 65 registered manual workers per year in each district on “First come – First serve” basis depending upon the applications received.”;

(14) for Form I, the following Form shall be substituted, namely :-

**“FORM – I**  
**[See Clause 9(2)]**

**APPLICATION FOR REGISTRATION**

To  
The Labour Officer (Social Security Scheme),  
..... district.

Registration No.....  
(to be filled in by the Registration Authority)

Affix  
Passport  
size  
photograph

1. Name of the Worker :  
2. Name of the Father/Husband :  
3. Date of birth

(Enclose Xerox Copy of evidence                      Day              Month              Year  
in proof duly attested by a Group A  
or Group B Officer)\*

4. Marital Status

(Whether married, unmarried, widow/widower) :

5. Permanent address :

6. Present address :

7. State whether self-employed or employed :

8. If employed, furnish the name and address  
of the establishment and also the name and  
address of the employer/contractor :

9. Nature of work :

10. Number of years engaged in the employment  
as on the date of application :

11. Particulars of the members of the family

Sl. No.	Name	Age	Relationship	Marital status
(1)	(2)	(3)	(4)	(5)

12. (a) Whether the wife/husband is employed ? :

(b) If so furnish details

13. Nomination for receipt of Natural Death/Accidental  
Death Assistance :

Name and address ** of the nominee/nominees (1)	Nominee's Relationship with the worker (2)	Age of the nominee (3)	Percentage of amount to paid to each nominee (4)

\*(i) Birth Certificate or (ii) School Certificate or (iii) Driving Licence or (iv) Ration Card or  
(v) Voter's identity card or (vi) Certificate from Registered Medical Practitioner not below  
the rank of Civil Surgeon of a Government Hospital in the prescribed format duly signed by  
the worker.

\*\* Nominees shall be dependant Family Members.

Signature or left hand thumb impression of the manual worker.  
(Left hand thumb impression to be attested by the Registration  
Authority)

**DECLARATION BY THE APPLICANT.\*\*\***

I declare that I am not registered as a member in any other Manual Workers Welfare  
Board or Boards constituted by the Government of Tamil Nadu or under any other Government  
schemes.

Signature or left hand thumb impression of the manual worker.  
(Left hand thumb impression to be attested by the Registration  
Authority)

\*\*\* Any false declaration/ certification will entail legal action.

---

**CERTIFICATE OF EMPLOYMENT\*\*\*.**

Certified that the particulars furnished by Thiru/Thirumathi/ Selvi....., regarding employment as a manual worker in the application for registration are true to the best of my knowledge and belief.

Place:

Date :

Signature and name of the person /  
Officer issuing the certificate

\*\*\* Any false declaration/ certification will entail legal action

---

**VERIFICATION CERTIFICATE.**

After due verification it is certified that the particulars furnished in the application and the proof of age are found correct and recommended for registration.

Place:

Date:

Village Administrative Officer /  
Revenue Inspector (for Chennai district)

---

**Office Note:-**

Application and proof verified. The recommendation of the .....is accepted and the applicant is registered as member of the Tamil Nadu ..... Welfare Board . Application for membership rejected (In case of rejection, reason should be clearly mentioned).

**Labour Officer ( Social Security Scheme )**  
.....district

---

**ACKNOWLEDGEMENT SLIP.**

Received from Selvi/Thiru/Tmt. ....residing at ..... application for registration as manual worker in the Tamil Nadu ..... Welfare Board.

Office Seal:  
).....

Labour Officer ( Social Security Scheme  
district with date

Name :

Designation : .”.

---

(15) in Form II,-

- under the heading “SCHEME ASSISTANCES OF THE BOARD”, in serial number 8, against the entry “Pension”, for the expression “300”, the expression



- “400” shall be substituted;
- under the heading “Details of Scheme Assistance provided to the worker”, in the Table, for the expression “Name of the Beneficiary”, the expression “Name of the person” shall be substituted;
  - under the heading “GENERAL INSTRUCTIONS”,-
- (a) for the expression “Assistant Inspector of Labour”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;
- (b) for the expression “Board” occurring in three places, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;
- (16) in FORM - VI, for the expression “The Secretary,”, the expression “The Labour Officer (Social Security Scheme ), ..... district.” shall be substituted;
- (17) for FORM - VII, the following Form shall be substituted, namely.-

**APPLICATION FOR PAYMENT OF COMPENSATION FOR  
ACCIDENTAL DEATH/ DISABILITY**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

18. (a) Name of the registered manual worker } :  
(b) Address (in full)  
(on the date of death/ disability) :  
(c) Age :  
(d) Registration number and date of  
initial registration :  
(e) Renewal date :  
(f) Occupation :
2. (a) Area :  
(b) Place :  
(c) District :
3. (a) Name of the nominee :  
(b) Relationship with the deceased registered manual worker  
(in the case of accidental death only)  
(c) Age of the nominee :  
(d) Address in full (with PIN)
4. Whether the claimant is the registered worker  
himself (in the case of accidental  
disability) or the nominee of the  
registered manual worker? :
5. Date and time of accident :
6. Place of accident :  
(a) at the work place :  
(b) outside the work place :
7. Whether intimation regarding accident has been given  
in Form - VI as per clause 17 (3) (a)? :
8. Whether the accident resulted in death/  
loss of limb/loss of eye sight/partial injury?
9. In the case of accidental disability, a certificate  
from a Civil Surgeon of the Government  
Hospital indicating the percentage of  
disability due to accident with details should be  
obtained and enclosed in original. :
- 10 ( i) Date and time of death (in the case of accidental death) :  
(ii) Attested copy of First Information Report. from the Police  
Station nearer to the place of accident to be enclosed :  
(iii) Post-Mortem Certificate and final  
Investigation Report should be sent in original :  
(iv) Death Certificate (attested copy) should be  
enclosed :

Signature/Thumb impression of the registered manual

worker /

nominee in case of death.

**DECLARATION BY THE CLAIMANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for accidental death/disability. I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date : Signature/Thumb impression of the registered manual worker /  
nominee in case of death.

\* Any false declaration/ certification will entail legal action.

---

**SANCTION**

I hereby sanction, after due verification, for payment of Rs...../- (Rupees ...only) towards accidental death/disability to Selvi/Thiru/Tmt. .... nominee of the deceased manual worker (Registration Number..... ) / registered worker (Registration Number.....) himself.

Place: Labour Officer ( Social Security Scheme )

Date: .....district.

**(Affix Rubber Stamp)**

---

**ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....  
..... application for sanction  
of assistance towards accidental death/disability in respect of deceased registered manual  
worker Selvi/Thiru/Tmt. .... (Registration Number .....)/registered  
manual worker Selvi/Thiru/Tmt. ....(Registration Number .....).

Labour Officer ( Social Security Scheme ) .....  
district with date

Name:

Office Seal :

Designation: .”;

---

---

(18) for Form-VIII, the following Form shall be substituted, namely:-

**“FORM -VIII**  
**[See Clause 18(2)]**

**APPLICATION FOR PENSION**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

Passport size  
photograph  
duly signed

1. Name of the Applicant : :
2. Address in full (to which pension is to be sent) (with PIN code) :
3. Registration number and date :  
(Original identity Card should be enclosed)
4. Age and date of completion of 60 years of age :
5. Date of completion of continuous period of five years as registered manual worker of the Board :
6. Whether the registration has been renewed regularly without any default? If so, details may be furnished :

Sl. No. (1)	Date of initial registration/ subsequent renewal (2)	Period of validity of registration/renewal	
		From (3)	To (4)

7. Whether in receipt of any other pension?  
If so, furnish complete details :

Signature/Thumb impression of the  
registered manual worker.

**DECLARATION\***

I hereby certify that the facts mentioned above are true to the best of my knowledge and information. I am not a registered manual worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place: Signature/Thumb impression of the registered manual worker.

Date: Name :

\*Any false declaration/ certification will entail legal action

---

Note : 1. Besides the photograph affixed above, another passport size photograph should be enclosed with the application.

19. Incomplete applications will not be considered.

### **SANCTION**

I hereby sanction, after due verification, a monthly pension of Rs...../-  
(Rupees..... only) with effect from..... The amount shall be  
sent by Money Order.

Place : **Labour Officer ( Social Security Scheme )**

Date : .....district.

---

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....(Address in full) .....  
.....(Registration No. ....)  
application for sanction of pension.

Labour Officer ( Social Security Scheme ) ..... district with date

Name:

Office Seal :

Designation: .”;

---

(19) for Form-VIII-A, the following Form shall be substituted, namely:-

**“FORM -VIII-A**  
**[See Clause 18(2)]**  
**APPLICATION FOR DISABILITY PENSION**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

Passport size  
photograph  
duly signed

1. Name of the applicant :
2. Address in full (to which pension  
is to be sent) (with PIN code) :
3. Registration number and date :  
(Original identity card should be enclosed)
4. Age and date of completion of  
60 years of age :
5. Date of completion of continuous period of  
five years as registered manual worker of the Board :
6. Whether the registration has been renewed  
regularly without any default? If so,  
details may be furnished :

Sl. No.	Date of initial registration/ subsequent renewal	Period of validity of registration/renewal	
		From	To
(1)	(2)	(3)	(4)

7. Whether the applicant has become disabled  
due to sickness and incapacitated from normal  
work? (If so, a certificate by a Medical Officer  
not below the rank of Civil Surgeon of the Government  
Hospital under his name and seal should be  
enclosed in original)
8. Whether in receipt of any other pension?  
If so, furnish complete details :

Signature/Thumb impression of the registered  
manual worker

**DECLARATION\***

I hereby declare that the facts mentioned above are true to the best of my knowledge and information. I am not a registered worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as disability pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place: Signature/Thumb impression of the registered manual worker

Date: Name :

\* Any false declaration/ certification will entail legal action

---

Note : 1. Besides the photograph affixed above another passport size photograph should be enclosed with the application.  
2. Incomplete applications will not be considered.

### **SANCTION**

I hereby sanction, after due verification, a monthly pension of Rs...../- (Rupees..... only ) with effect from..... The amount shall be sent by Money Order.

Office Seal:

Place : **Labour Officer ( Social Security Scheme )**  
**Date :** .....**district.**

---

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....(Address in full) .....  
.....(Registration No. ....)  
application for sanction of disability pension.

Labour Officer ( Social Security Scheme ) ..... district with date  
Name:

Office Seal : Designation: .”;

---

(20) for Form-IX, the following Form shall be substituted, namely:-

**“FORM – IX**  
**[See Clause 19(2) and 20(2)]**

**APPLICATION FOR PAYMENT OF FUNERAL EXPENSES/  
NATURAL DEATH ASSISTANCE**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

31. Name of the deceased registered manual worker:
32. Address in full (at the time of death):
33. Age (on the date of death) :
34. Nature of work :
35. (a) Registration Number and date of initial registration.  
(Original Identity card should be enclosed).  
(b) Date of last renewal, indicating the  
period upto which renewed
6. (a) Place of death  
(b) Date of death  
(c) Cause of death (to be indicated clearly) :  
(Avoid indicating as “Natural Death”)  
(Death Certificate in original shall be enclosed)
7. (a) Name of the nominee :  
(b) Age on the nominee (in completed years):  
(c) Address of the nominee in full indicating PIN Code:  
(d) Relationship of the nominee with the deceased  
registered manual worker

Signature/Thumb impression of the nominee of the  
registered manual worker



### **DECLARATION OF THE NOMINEE \***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for death/funeral expenses of the deceased manual worker.

I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :

Signature/Thumb impression of the  
nominee of the registered manual worker

\*Any false declaration/ certification will entail legal action

### **CERTIFICATE\***

I hereby certify that the particulars furnished in the application are correct.

Place:

Date:

Members, ..... Tamil Nadu .....

Welfare Board / President/Secretary of the Registered Trade

Union of the Employment concerned/Assistant Inspector  
of Labour concerned /Any other officer permitted to give  
employment certificate.

\* Any false declaration/ certification will entail legal action

---

### **SANCTION**

7. I hereby sanction, after due verification, a sum of Rs.                      /- (Rupees  
only) as assistance to Thiru/Tmt/Selvi. ...., nominee / nominees, for the funeral  
of Thiru/Thirumathi/Selvi ..... a registered manual worker.

2. I hereby sanction, after due verification, a sum of Rs.                      /-(Rupees  
only) as assistance to Thiru/Tmt/Selvi....., nominee/nominees, on the natural death of  
Thiru/Thirumathi/Selvi .....a registered manual worker.

Office Seal:

Place :

Date :

**Labour Officer ( Social Security Scheme )**  
.....district.

---

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....  
.....claim application for  
sanction of Funeral/Natural death assistance in respect of deceased registered manual worker  
Selvi/Thiru/Tmt. .... (Registration No. .... )

Labour Officer ( Social Security Scheme ).....  
district with date

Office Seal : Name: .....  
Designation: .....";

---

(21) for Form-X, the following Form shall be substituted, namely:-

**FORM-X**  
**[See Clause 21(3)]**  
**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR PASS IN**  
**10<sup>TH</sup> STANDARD AND 12<sup>TH</sup> STANDARD EXAMINATION.**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

- (xiii) Name of the registered manual worker.  
(xiv) (a) Registration Number and date of initial registration.  
(Original Identity card should be enclosed).  
(b) Date of last renewal, indicating the  
period upto which renewed  
3. Address (in full) with PIN Code :  
4. Details of family members of the registered  
manual worker: -

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought for:-

Sl.	Name	Date of Birth	Examination	Month and	Name of the
-----	------	---------------	-------------	-----------	-------------

No.	(Son/Daughter)		passed	Year of Pass	School studied
(1)	(2)	(3)	(4)	(5)	(6)

**Note:-** Xerox copy of the Mark Sheet in support of having passed the Examination, duly attested by a Group A or Group B Officer should be enclosed.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing assistance	Amount of assistance (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker

### **DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance. I further declare that I have not availed similar assistance from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date : Signature/Thumb impression of  
the registered manual worker

\* Any false declaration/ certification will entail legal action .

### **CERTIFICATE\***

I hereby certify that the particulars furnished in the application are correct.

Place:

Date: Members, ..... Tamil Nadu.....  
Welfare Board /

President/Secretary of the Regd. Trade Union of the  
Employment concerned/ Assistant Inspector  
of Labour concerned /Any other officer permitted  
to give employment certificate.

\* Any false declaration/ certification will entail legal action .

### **SANCTION**

I hereby sanction, after due verification a sum of Rs...../- (Rupees ..... only) as educational assistance, in respect of \*Selvan/\*Selvi..... \* son/\*daughter of \*Thiru/Tmt..... registered manual worker (Registration No..... ).

Office Seal:

Place: Labour Officer ( Social Security Scheme ) .....district

Date :

\* Strikeout whichever is not applicable

---

**ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt./ Selvi/ ..... (Registration No.....) claim application for  
sanction of educational assistance .

Labour Officer ( Social Security Scheme )  
..... district with date

Name:

Office Seal :

Designation: .”;

---

(22) for Form-XI, the following Form shall be substituted, namely:-

**“FORM-XI**

[See Clause 21(3)]

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR GIRL CHILDREN  
STUDYING  
IN 10<sup>TH</sup> STANDARD/ 11<sup>TH</sup> STANDARD / 12<sup>TH</sup> STANDARD.**

To

The Labour Officer ( Social Security Scheme

..... **district.**

13. Name of the registered manual worker.

14. (a) Registration Number and date of initial registration  
(Original identity card should be enclosed).

(b) Date of last renewal, indicating the  
period upto which renewed

3. Address (in full) with PIN Code :

4. Details of family members of the registered manual  
worker :

Sl.	Name	Relationship with the registered	Age
-----	------	----------------------------------	-----

No.		manual worker	
(1)	(2)	(3)	(4)

5. Details of the daughter for whom Educational Assistance is sought for:-

Sl. No.	Name	Date of Birth	Standard in which studying (Std. 10 <sup>th</sup> /11 <sup>th</sup> / 12 <sup>th</sup> )	Year of Study (indicate the academic year)	Name of the school with full address
(1)	(2)	(3)	(4)	(5)	(6)

**Note:-** Certificate from the Head Master/Principal of the School to the effect that the daughter of the registered manual worker is studying the course, should be enclosed.

6. Number of children for whom the assistance has already been availed from the Board:

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing the assistance	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of  
the registered manual worker.

**DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I

hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date : Signature/Thumb impression of the registered manual worker.

\*Any false declaration/ certification will entail legal action .

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application are correct.

Place:

Date:

Members, ..... Tamil Nadu .....

Welfare Board /

President/Secretary of the Registered. Trade Union  
of the Employment concerned/ / Assistant

Inspector

of Labour concerned /Any other officer permitted  
to give employment certificate.

\* Any false declaration/ certification will entail legal action ..

**SANCTION**

I hereby sanction, after due verification, a sum of Rs...../- (Rupees.....only) to the claimant as educational assistance, in respect of Selvi..... daughter of Thiru/Tmt..... registered manual worker (Registration No.....).

**Office Seal:**

**Place**

**Labour Officer ( Social Security Scheme ) .....district**

**Date**

---

**ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. .... registered manual worker  
(Registration No.....), claim application for sanction of educational assistance.

Labour Officer ( Social Security Scheme ) ..... district with date  
Name:

Office Seal :

Designation: .”;

---

(23) for Form-XII, the following Form shall be substituted, namely:-

**“FORM-XII**  
**[See Clause 21(3)]**

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR HIGHER EDUCATION**

To

The Labour Officer ( Social Security Scheme )

..... district.

13. Name of the registered manual worker.
14. a) Registration Number and date of initial registration  
(Original identity card should be enclosed).
- b) Date of last renewal, indicating the  
period upto which renewed
3. Address (in full) with PIN Code :
4. Details of family members of the registered  
manual worker :

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought :-

Sl. No.	Name	Date of Birth	Name of the course studying	Duration of the course	Name of the College/Institution with address in full
(1)	(2)	(3)	(4)	(5)	(6)

**Note:** - Certificate from the Principal of the College/Educational institution to the effect that the son or daughter of the registered manual worker is studying the course indicating whether a day scholar or hosteller should be enclosed in original.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Years of availing assistance Rs.	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/ Thumb impression of the registered manual worker.

**DECLARATION BY THE APPLICANT.\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefit by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date

Signature/Thumb impression of the registered manual

worker.

---

\* Any false declaration/ certification will entail legal action .

---

### **CERTIFICATE\***

I hereby certify that the above particulars are correct.

Place:

Date:

Members, ..... Tamil Nadu.....

Welfare Board /

President/Secretary of the Registered. Trade Union

of the Employment concerned/ / Assistant

Inspector

of Labour concerned /Any other officer permitted  
to give employment certificate.

\*Any false declaration/ certification will entail legal action ..

---

### **SANCTION**

I hereby sanction, after due verification, a sum of Rs...../- (Rupees .....  
.....only) towards educational assistance in respect of \*Selvi/\*Selvan .....(\*son  
/\*daughter) of \*Thiru/\*Tmt..... registered manual worker (Registration  
number.....).

Place:

Labour Officer, ( Social Security Scheme )

..... district

Date

\* Strikeout whichever is not applicable

---

### **ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. .... registered manual  
worker (Registration No. .... ) claim application for sanction of educational  
assistance.

Labour Officer ( Social Security Scheme ) .....  
district with date

Name:

Office Seal :

Designation:

.”;

---

(24) for Form-XIII, the following Form shall be substituted, namely:-

**“FORM – XIII**



[See Clause 22(4)]

**APPLICATION FOR PAYMENT OF MARRIAGE ASSISTANCE**

To  
The Labour Officer ( Social Security Scheme )  
.....district.

- (13) Name of the registered manual worker.  
(14) Registration Number and date of initial registration  
(Original identity card should be enclosed).  
3. Address in full with PIN Code:  
4. (a)Particulars of the members of the family of the registered  
manual worker :

<u>Sl No.</u>	<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Marital Status</u>
(1)	(2)	(3)	(4)	(5)

- (b) (i) Name of the person for whose marriage the assistance is sought for  
(ii) Relationship to the registered manual worker:  
(iii) Age in completed years on the date of marriage:  
(c) Names of the couple: (i) Bride  
(ii) Groom  
(d) Date and venue of the marriage  
(Marriage invitation to be enclosed in original) :  
(e) Has the marriage assistance been availed earlier from the Board?  
If so, furnish details:

Signature/Thumb impression of the  
registered manual worker.

**DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance for the marriage of self/daughter/son.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date : Signature/Thumb impression of the  
registered manual worker.

\*Any false declaration/ certification will entail legal action ..

---

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date: Members, ..... Tamil Nadu.....  
Welfare Board/  
President/Secretary of the Regd. Trade Union of the  
Employment concerned// Assistant Inspector  
of Labour concerned /Any other officer permitted  
to give employment certificate.

\*Any false declaration/ certification will entail legal action ..

---

**SANCTION**

I hereby sanction, after due verification, a sum of Rs...../- (Rupees ..... only)  
towards marriage assistance of the son / daughter / self of Thiru/Tmt....., registered  
manual worker of the Board (Registration number.....)

**Labour Officer ( Social Security Scheme )**  
..... district.

---

**ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. ....(Registration No. .... )  
.....claim application for  
sanction of marriage assistance.

**Labour Officer ( Social Security Scheme )..... district**  
**with date**

Name:

Office Seal :

Designation: .”;

---

(25) for Form-XIV, the following Form shall be substituted, namely:-

**“FORM – XIV**  
**[See clause 23(3)]**  
**APPLICATION FOR PAYMENT OF MATERNITY ASSISTANCE**  
**FOR PREGNANCY OR MISCARRIAGE OR TERMINATION OF PREGNANCY BY**  
**A REGISTERED FEMALE MANUAL WORKER**

To  
**Labour Officer ( Social Security Scheme )**  
.....district

13. Name of the registered female manual worker :  
14. (a) Registration Number and date of initial registration  
(Original Identity card should be enclosed).  
(b) Date of last renewal indicating the  
period upto which renewed  
3. Address (in full) with PIN Code :  
4. Particulars of surviving son/daughter of the registered  
female manual worker:

Sl. No.	Name	Sex	Date of Birth	Age
(1)	(2)	(3)	(4)	(5)

5. Month of Pregnancy\* on the date of claim application:  
\*(Certificate from the Civil Assistant Surgeon of the Government Hospital in support of this should be enclosed in original)  
6. Whether the claim is for pregnancy or miscarriage of pregnancy or termination of pregnancy?  
If so details may be furnished. (Certificate from the Civil Assistant Surgeon of the Government Hospital to this effect should be obtained and sent in original)  
7. Whether the assistance has already been availed by the registered female manual worker?  
If so, details may be furnished:

Signature/Thumb impression of the  
registered manual worker.

**DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :

Signature/Thumb impression of the  
registered female manual worker.

---

\*Any false declaration/ certification will entail legal action ..

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**Note.-** (i) The Birth Certificate from the Registrar of Births of the area concerned should be obtained and sent in original for release of the assistance after the date of delivery.

(ii) In the event of untoward demise of the registered female manual worker after the 7<sup>th</sup> month of pregnancy either before delivery or three months after delivery, the fact should be reported to the Medical Officer of Primary Health Centre concerned and for Chennai district to the Health Officer concerned, immediately along with the Death Certificate in original, for sanction of Funeral Expenses (or) Natural death assistance as admissible under the Scheme.

---

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date:

Members, ..... Tamil Nadu.....

Welfare Board/

President/Secretary of the Regd. Trade Union of the

Employment concerned// Assistant Inspector

of Labour concerned /Any other officer permitted  
to give employment certificate.

\*Any false declaration/ certification will entail legal action ..

---

**SANCTION**

I hereby sanction, after due verification, for the payment of assistance of Rs...../- (Rupees..... only) to Tmt.....registered female manual worker (Registration No.....) \*at the time of seventh month of pregnancy / \*on delivery of child / \*for miscarriage of pregnancy /\* termination of pregnancy (\* Strike out whichever is not applicable).

Office Seal:

Labour Officer (Social Security  
Scheme).....district

---

**ACKNOWLEDGEMENT SLIP**

Received from Tmt. .... registered female manual worker (Registration Number.....) claim application for sanction of maternity assistance for \*pregnancy/\*miscarriage of pregnancy /\*termination of pregnancy in respect of the registered female manual worker .

\* Strikeout whichever is not applicable

Labour Officer (Social Security Scheme)  
.....district

Name:

Office Seal :

Designation: .”;

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(26) for Form-XV, the following Form shall be substituted, namely :-

**“FORM – XV**

**[See Clause 24(3)]**

**APPLICATION FOR REIMBURSEMENT OF COST ON  
PURCHASE OF SPECTACLES BY THE REGISTERED MANUAL WORKER**

To

The Labour Officer(Social Security Scheme)

..... district.

13. Name of the registered manual worker.

14. (a) Registration Number and date of initial registration.

(Original identity card should be enclosed).

(b) Date of last renewal indicating the  
period upto which renewed

3. Address in full with PIN code:

4. Date of purchase of spectacles and its actual cost :

5. Whether certificate issued by a registered

Opthalmist is enclosed in original? :

6. Whether cash bill is enclosed in original? :

Signature/Thumb impression of the  
registered manual worker.

---

**DECLARATION BY THE APPLICANT\***

(i) I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount reimbursed towards purchase of spectacles for myself.

(ii) I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :

Signature/Thumb impression of the  
registered manual worker.

\*Any false declaration/ certification will entail legal action .

---

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date:

Member ..... Tamil Nadu.....  
Welfare Board

President/Secretary of the Registered Trade Union of the  
Employment/ Assistant Inspector of Labour concerned

/Any

other officer permitted to give employment certificate.

\*Any false declaration/ certification will entail legal action .

### **SANCTION**

I hereby sanction, after due verification, the reimbursement of a sum of Rs...../(Rupees  
..... only) to Selvi/Thiru/Tmt....., towards the actual cost on purchase  
of spectacles for himself/herself.

Office Seal:

The Labour Officer(Social Security Scheme)  
..... district

---

### **ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt./ Selvi ..... registered manual worker  
(Registration No.....) application for reimbursement of cost on purchase of spectacles  
for himself/herself.

The Labour Officer(Social Security Scheme)  
..... district .....with

date

Office Seal :

Name:

Designation:

.”.

---

### **NOTIFICATION –XII.**

In exercise of the powers conferred by section 4 read with section 3 of the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 (Tamil Nadu Act 33 of 1982), the Governor of Tamil Nadu, after consultation with the Advisory Committee, hereby makes the following amendments to the Tamil Nadu Artists Social Security and Welfare Scheme, 2006.

2. The amendments hereby made shall come into force on the 31<sup>st</sup> day of October, 2008.

### **AMENDMENTS**

In the said Scheme, -

- (1) in clause 9,-

- (i) in sub-clause (1), after the expression “Board”, the expression “through the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

- (ii) in sub-clause (2),-

- (a ) after the expression “such registration shall be made”, the expression “in duplicate to the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

- ( b ) after item (c), the following item shall be added, namely:-

- “(d) Village Administrative Officer and for Chennai district, the Revenue Inspector concerned.”;

(iii) for sub-clause (3), the following sub-clause shall be substituted, namely:-

“(3) (a) The registration of the name of the manual worker with the Board shall be made by the Labour Officer (Social Security Scheme) of the respective district after due verification by the respective Village Administrative Officer and for Chennai district, by the Revenue Inspector concerned.

(b) The registration under this clause is valid for a period of two years or until the registered manual worker attains the age of sixty years, whichever is earlier.”;

(iv) in sub-clauses (4) and (5), for the expression “Board or district or local office” wherever it occurs, the expression “Labour Officer ( Social Security Scheme ) of the respective district ” shall be substituted;

(v) in sub-clause (6), after item (c), the following item shall be added, namely:-

“(d) Where the nomination made is incomplete or becomes void, the assistance shall be released to the legal heirs of the deceased registered manual worker.”;

(2) in clause 10,-

(vii) in sub-clauses (1) and (2), for the expression “Executive Officer”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(3) in clause 11, in sub-clause (4), after the expression “Board”, the expression “and the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

(4) in clause 14, in sub-clause (3), for the expression “Executive Officer or any other officer authorised in this behalf by the Board”, the expression “Labour Officer ( Social Security Scheme ) of the respective district, after due verification” shall be substituted;

(5) in clause 15, for the expression “Chief Executive Officer or any other officer authorised by the Chief Executive Officer in this behalf”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(6) in clause 17,-

(i) in sub-clause (1), after the expression “Personal Accident Relief”, the following expression shall be added, namely:-

“and where the accident results in death, their nominees are eligible for Personal Accident Relief.”;

(ii) in sub-clause (3),-



(a) in item (a), for the expression “Board”, occurring in three places, the expression “Labour Officer ( Social Security Scheme ) of the respective district ” shall be substituted;

(b) in item (e), for the expression “ Board or any Officer authorised in this behalf ”, the expression “ Labour Officer ( Social Security Scheme ) of the respective district ” shall be substituted;

(7) in clause 18,-

17. in sub-clause (2), for the expression “Board” occurring in five places, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

18. in sub-clause (3), for the expression “ Rs.300 (Rupees three hundred only)”, the expression “Rs.400 (Rupees four hundred only)” shall be substituted;

(8) in clause 19,-

(i) in sub-clause (1), for the expression “Secretary or any other officer authorised in this behalf by the Board”, the expression “Labour Officer ( Social Security Scheme ) of the respective district, after due verification” shall be substituted;

(ii) in sub-clause (2), the expression “by the Board” shall be omitted;

(9) in clause 20, in sub-clause (1), for the expression “Secretary or any other Officer authorized in this behalf by the Board” , the expression “Labour Officer ( Social Security Scheme ) of the respective district, after due verification” shall be substituted;

(10) in clause 21,-

(xv) for sub-clause (1), the following sub-clause shall be substituted, namely:-

“(1) The assistance for the education of the children of a registered manual worker shall be sanctioned by the Labour Officer ( Social Security Scheme ) of the respective district, after due verification, as specified in the Table below:-

**THE TABLE.**

Serial Number	Form	Course of Study	Day Scholar		Hosteller	
			Boys	Girls	Boys	Girls
			Rs.	Rs.	Rs.	Rs.
1	XI	10 <sup>th</sup> Std., Studying-Girl children only	---	1,000	---	---
2	X	10 <sup>th</sup> Std., passed	1,000	1,000	---	---
3	XI	11 <sup>th</sup> Std., Studying-Girl children only	---	1,000	---	---

4	XI	12 <sup>th</sup> Std. Studying – Girl children only	---	1,500	---	---
5	X	12 <sup>th</sup> Std. passed	1,500	1,500	---	---
6	XII	Studying regular Bachelor Degree course (Every academic year)	1,500	1,500	1,750	1,750
7	XII	Studying regular Post Graduate course ( Every academic year )	2,000	2,000	3,000	3,000
8	XII	Studying regular Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses . ( Every academic year )	2,000	2,000	4,000	4,000
9	XII	Studying regular Post Graduate Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses ( Every academic year )	4,000	4,000	6,000	6,000
10	XII	Studying ITI or Polytechnic course (Every academic year)	1,000	1,000	1,200	1,200

.”;

(xvi) for sub-clause (3), the following sub-clause shall be substituted, namely:-

“ (3) The application for assistances specified in serial numbers 2 and 5 in column (1) of the Table in sub-clause (1) shall be in Form X to be submitted after passing of the course, the application for assistances specified in serial numbers 6 to 10 in column (1) of the said Table shall be in Form XII to be submitted before completion and passing of the course and the application for assistances specified in serial numbers 1,3 and 4 shall be in Form XI to be submitted before completion and passing of the course.”;

- (11) in clause 22, in sub-clause (1), for the expression “Secretary or any other Officer authorised in this behalf by the Board, shall on an application from a registered manual worker”, the expression “Labour Officer ( Social Security Scheme ) of the respective district shall, on an application from a registered manual worker, after due verification” shall be substituted;

- (12) in clause 23, for sub-clause (1), the following sub-clause shall be substituted, namely:-

“(1) The Labour Officer ( Social Security Scheme ) of the respective district shall, on an application from a registered female manual worker, sanction the assistance as indicated below, after due verification of the proof produced by her of her pregnancy or delivery of child by her or the miscarriage of her pregnancy or the termination of

pregnancy:-

- (i) Pregnancy - Rs.6,000/-  
(Rs.3,000/- shall be paid on the seventh month of pregnancy and remaining Rs.3,000/- shall be paid on delivery of the child)
- (ii) Miscarriage of pregnancy -Rs.3,000/-
- (iii) Termination of pregnancy -Rs.3,000/-.”;

(13) in clause 24,-

(i) in sub-clause (1), for the expression “Secretary or any other officer authorised in this behalf by the Board, shall on an application From XV from a registered manual worker”, the expression “Labour Officer ( Social Security Scheme ) of the respective district, shall on an application From XV from a registered manual worker, after due verification” shall be substituted;

(ii) for sub-clause (2), the following sub-clause shall be substituted, namely:-

“(2) The assistance shall be restricted to 65 registered manual workers per year in each district on “First come – First serve” basis depending upon the applications received.”;

(14) for Form I, the following Form shall be substituted, namely :-

**“FORM – I**  
**[See Clause 9(2)]**

**APPLICATION FOR REGISTRATION**

To  
The Labour Officer (Social Security Scheme),  
..... district.

Registration No.....  
(to be filled in by the Registration Authority)

Affix  
Passport  
size  
photograph

- 1. Name of the Worker :
- 2. Name of the Father/Husband :
- 3. Date of birth  
(Enclose Xerox Copy of evidence in proof duly attested by a Group A or Group B Officer)\* Day Month Year
- 4. Marital Status  
(Whether married, unmarried, widow/widower) :
- 5. Permanent address :

6. Present address :
7. State whether self-employed or employed :
8. If employed, furnish the name and address of the establishment and also the name and address of the employer/contractor :
9. Nature of work :
10. Number of years engaged in the employment as on the date of application :
11. Particulars of the members of the family

Sl. No.	Name	Age	Relationship	Marital status
(1)	(2)	(3)	(4)	(5)

12. (a) Whether the wife/husband is employed ? :  
 (b) If so furnish details
13. Nomination for receipt of Natural Death/Accidental Death Assistance :
- | Name and address **<br>of the nominee/nominees<br>(1) | Nominee's Relationship<br>with the worker<br>(2) | Age of the<br>nominee<br>(3) | Percentage of amount to<br>paid to each nominee<br>(4) |
|---|--|------------------------------|--|
|   |  |                              |  |

\*(i) Birth Certificate or (ii) School Certificate or (iii) Driving Licence or (iv) Ration Card or (v) Voter's identity card or (vi) Certificate from Registered Medical Practitioner not below the rank of Civil Surgeon of a Government Hospital in the prescribed format duly signed by the worker.

\*\* Nominees shall be dependant Family Members.

Signature or left hand thumb impression of the manual worker.  
 (Left hand thumb impression to be attested by the Registration Authority)

### **DECLARATION BY THE APPLICANT.\*\*\***

I declare that I am not registered as a member in any other Manual Workers Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Signature or left hand thumb impression of the manual worker.  
 (Left hand thumb impression to be attested by the Registration Authority)

\*\*\* Any false declaration/ certification will entail legal action.

### **CERTIFICATE OF EMPLOYMENT\*\*\*.**

Certified that the particulars furnished by Thiru/Thirumathi/ Selvi....., regarding employment as a manual worker in the application for registration are true to the best of my knowledge and belief.

Place:

Date :

Signature and name of the person /  
Officer issuing the certificate

\*\*\* Any false declaration/ certification will entail legal action

---

### **VERIFICATION CERTIFICATE.**

After due verification it is certified that the particulars furnished in the application and the proof of age are found correct and recommended for registration.

Place:

Date:

Village Administrative Officer /  
Revenue Inspector (for Chennai district)

---

#### **Office Note:-**

Application and proof verified. The recommendation of the .....is accepted and the applicant is registered as member of the Tamil Nadu ..... Welfare Board . Application for membership rejected (In case of rejection, reason should be clearly mentioned).

**Labour Officer ( Social Security Scheme )**  
.....district

---

### **ACKNOWLEDGEMENT SLIP.**

Received from Selvi/Thiru/Tmt. ....residing at  
..... application for registration as manual worker in the Tamil  
Nadu ..... Welfare Board.

Office Seal:

).

Labour Officer ( Social Security Scheme

district with date

Name :

Designation : .”.

---

(15) in Form II,-

- under the heading “SCHEME ASSISTANCES OF THE BOARD”, in serial number 8, against the entry “Pension”, for the expression “300”, the expression “400” shall be substituted;
- under the heading “Details of Scheme Assistance provided to the worker”, in the Table, for the expression “Name of the Beneficiary”, the expression “Name of

- the person” shall be substituted;
  - under the heading “GENERAL INSTRUCTIONS”,
    - (a) for the expression “Assistant Inspector of Labour”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;
    - (b) for the expression “Board” occurring in three places, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;
- (16) in FORM - VI, for the expression “The Secretary,”, the expression “The Labour Officer (Social Security Scheme ), ..... district.” shall be substituted;
- (17) for FORM - VII, the following Form shall be substituted, namely.-

**“FORM – VII**  
**[See Clause 17(3)(b)]**  
**APPLICATION FOR PAYMENT OF COMPENSATION FOR**  
**ACCIDENTAL DEATH/ DISABILITY**

To

The Labour Officer ( Social Security Scheme )

..... district.

20. (a) Name of the registered manual worker } :  
(b) Address (in full) :  
(on the date of death/ disability) :  
(c) Age :  
(d) Registration number and date of :  
initial registration :  
(e) Renewal date :  
(f) Occupation :  
2. (a) Area :  
(b) Place :  
(c) District :  
3. (a) Name of the nominee :  
(b) Relationship with the deceased registered manual worker :  
(in the case of accidental death only) :  
(c) Age of the nominee :  
(d) Address in full (with PIN) :  
4. Whether the claimant is the registered worker :  
himself (in the case of accidental :  
disability) or the nominee of the :  
registered manual worker? :  
5. Date and time of accident :  
6. Place of accident :  
(a) at the work place :  
(b) outside the work place :  
7. Whether intimation regarding accident has been given :  
in Form - VI as per clause 17 (3) (a)? :  
8. Whether the accident resulted in death/ :  
loss of limb/loss of eye sight/partial injury? :  
9. In the case of accidental disability, a certificate :  
from a Civil Surgeon of the Government :  
Hospital indicating the percentage of :  
disability due to accident with details should be :  
obtained and enclosed in original. :  
10 ( i) Date and time of death (in the case of accidental death) :  
(ii) Attested copy of First Information Report. from the Police :  
Station nearer to the place of accident to be enclosed :  
(iii) Post-Mortem Certificate and final :  
Investigation Report should be sent in original :  
(iv) Death Certificate (attested copy) should be :  
enclosed :

worker / Signature/Thumb impression of the registered manual

nominee in case of death.

**DECLARATION BY THE CLAIMANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for accidental death/disability. I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date : Signature/Thumb impression of the registered manual worker /  
nominee in case of death.

\* Any false declaration/ certification will entail legal action.

---

### **SANCTION**

I hereby sanction, after due verification, for payment of Rs...../- (Rupees ...only) towards accidental death/disability to Selvi/Thiru/Tmt. .... nominee of the deceased manual worker (Registration Number..... ) / registered worker (Registration Number.....) himself.

Place:

Labour Officer ( Social Security Scheme )

Date:

.....district.

**(Affix Rubber Stamp)**

---

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. .... application for sanction of assistance towards accidental death/disability in respect of deceased registered manual worker Selvi/Thiru/Tmt. .... (Registration Number .....)/registered manual worker Selvi/Thiru/Tmt. ....(Registration Number .....).

Labour Officer ( Social Security Scheme ) .....  
district with date

Name:

Office Seal :

Designation: .”;

---



---

(18) for Form-VIII, the following Form shall be substituted, namely:-

**“FORM -VIII**  
**[See Clause 18(2)]**

**APPLICATION FOR PENSION**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

Passport size  
photograph  
duly signed

1. Name of the Applicant : :
2. Address in full (to which pension is to be sent) (with PIN code) :
3. Registration number and date :  
(Original identity Card should be enclosed)
4. Age and date of completion of 60 years of age : :
5. Date of completion of continuous period of five years as registered manual worker of the Board : :
6. Whether the registration has been renewed regularly without any default? If so, details may be furnished : :

Sl. No. (1)	Date of initial registration/ subsequent renewal (2)	Period of validity of registration/renewal	
		From (3)	To (4)

7. Whether in receipt of any other pension?  
If so, furnish complete details : :

Signature/Thumb impression of the  
registered manual worker.

**DECLARATION\***

I hereby certify that the facts mentioned above are true to the best of my knowledge and information. I am not a registered manual worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place: Signature/Thumb impression of the registered manual worker.  
Date: Name :

\*Any false declaration/ certification will entail legal action

---

Note : 1. Besides the photograph affixed above, another passport size photograph should be enclosed with the application.  
21. Incomplete applications will not be considered.

### **SANCTION**

I hereby sanction, after due verification, a monthly pension of Rs...../-  
(Rupees..... only) with effect from..... The amount shall be  
sent by Money Order.

Place : **Labour Officer ( Social Security Scheme )**  
Date : .....district.

---

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....(Address in full) .....  
.....(Registration No. ....)  
application for sanction of pension.

Labour Officer ( Social Security Scheme ) ..... district with date

Name:

Office Seal :

Designation: .”;

(19) for Form-VIII-A, the following Form shall be substituted, namely:-

**“FORM -VIII-A**  
**[See Clause 18(2)]**  
**APPLICATION FOR DISABILITY PENSION**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

Passport size  
photograph  
duly signed

1. Name of the applicant :
2. Address in full (to which pension  
is to be sent) (with PIN code) :
3. Registration number and date :  
(Original identity card should be enclosed)
4. Age and date of completion of  
60 years of age :
5. Date of completion of continuous period of  
five years as registered manual worker of the Board :
6. Whether the registration has been renewed  
regularly without any default? If so,  
details may be furnished :

Sl. No.	Date of initial registration/ subsequent renewal	Period of validity of registration/renewal	
		From	To
(1)	(2)	(3)	(4)

7. Whether the applicant has become disabled  
due to sickness and incapacitated from normal  
work? (If so, a certificate by a Medical Officer  
not below the rank of Civil Surgeon of the Government  
Hospital under his name and seal should be  
enclosed in original)
8. Whether in receipt of any other pension?  
If so, furnish complete details :

Signature/Thumb impression of the registered  
manual worker

**DECLARATION\***

I hereby declare that the facts mentioned above are true to the best of my knowledge and information. I am not a registered worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as disability pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place: Signature/Thumb impression of the registered manual worker

Date: Name :

\* Any false declaration/ certification will entail legal action

---

Note : 1. Besides the photograph affixed above another passport size photograph should be enclosed with the application.  
2. Incomplete applications will not be considered.

### **SANCTION**

I hereby sanction, after due verification, a monthly pension of Rs...../- (Rupees..... only ) with effect from..... The amount shall be sent by Money Order.

Office Seal:

Place : **Labour Officer ( Social Security Scheme )**

**Date :** .....**district.**

---

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....(Address in full) .....  
.....(Registration No. ....)  
application for sanction of disability pension.

Labour Officer ( Social Security Scheme ) ..... district with date

Name:

Office Seal :

Designation: .”;

(20) for Form-IX, the following Form shall be substituted, namely:-

**“FORM – IX**  
**[See Clause 19(2) and 20(2)]**

**APPLICATION FOR PAYMENT OF FUNERAL EXPENSES/  
NATURAL DEATH ASSISTANCE**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

- 36. Name of the deceased registered manual worker:
- 37. Address in full (at the time of death):
- 38. Age (on the date of death) :
- 39. Nature of work :
- 40. (a) Registration Number and date of initial registration.  
(Original Identity card should be enclosed).
- (b) Date of last renewal, indicating the  
period upto which renewed
- 6. (a) Place of death
- (b) Date of death
- (c) Cause of death (to be indicated clearly) :  
(Avoid indicating as “Natural Death”)  
(Death Certificate in original shall be enclosed)
- 7. (a) Name of the nominee :
- (b) Age on the nominee (in completed years):
- (c) Address of the nominee in full indicating PIN Code:
- (d) Relationship of the nominee with the deceased  
registered manual worker

Signature/Thumb impression of the nominee of the  
registered manual worker

**DECLARATION OF THE NOMINEE \***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for death/funeral expenses of the deceased manual worker.

I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :

Signature/Thumb impression of the  
nominee of the registered manual worker

\*Any false declaration/ certification will entail legal action

### **CERTIFICATE\***

I hereby certify that the particulars furnished in the application are correct.

Place:

Date:

Members, ..... Tamil Nadu .....

Welfare Board / President/Secretary of the Registered Trade

Union of the Employment concerned/Assistant Inspector  
of Labour concerned /Any other officer permitted to give  
employment certificate.

\* Any false declaration/ certification will entail legal action

---

### **SANCTION**

8. I hereby sanction, after due verification, a sum of Rs. /- (Rupees  
only) as assistance to Thiru/Tmt/Selvi. ...., nominee / nominees, for the funeral  
of Thiru/Thirumathi/Selvi ..... a registered manual worker.

2. I hereby sanction, after due verification, a sum of Rs. /-(Rupees  
only) as assistance to Thiru/Tmt/Selvi....., nominee/nominees, on the natural death of  
Thiru/Thirumathi/Selvi .....a registered manual worker.

Office Seal:

Place :

Date :

**Labour Officer ( Social Security Scheme )**  
.....district.

---

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....  
.....claim application for  
sanction of Funeral/Natural death assistance in respect of deceased registered manual worker  
Selvi/Thiru/Tmt. .... (Registration No. )

Labour Officer ( Social Security Scheme ).....  
district with date

Name:

Office Seal :

Designation:

.”;

(21) for Form-X, the following Form shall be substituted, namely:-

**FORM-X**

[See Clause 21(3)]

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR PASS IN  
10<sup>TH</sup> STANDARD AND 12<sup>TH</sup> STANDARD EXAMINATION.**

To

The Labour Officer ( Social Security Scheme )

..... district.

(xv) Name of the registered manual worker.

(xvi) (a) Registration Number and date of initial registration.

(Original Identity card should be enclosed).

(b) Date of last renewal, indicating the  
period upto which renewed

3. Address (in full) with PIN Code :

4. Details of family members of the registered  
manual worker: -

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought for:-

Sl. No.	Name (Son/Daughter)	Date of Birth	Examination passed	Month and Year of Pass	Name of the School studied
(1)	(2)	(3)	(4)	(5)	(6)

**Note:-** Xerox copy of the Mark Sheet in support of having passed the Examination, duly attested by a Group A or Group B Officer should be enclosed.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing assistance	Amount of assistance (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker

**DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance. I further declare that I have not availed similar assistance from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date : Signature/Thumb impression of  
the registered manual worker

\* Any false declaration/ certification will entail legal action .

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application are correct.

Place:

Date: Members, ..... Tamil Nadu.....  
Welfare Board /  
President/Secretary of the Regd. Trade Union of the  
Employment concerned/ Assistant Inspector  
of Labour concerned /Any other officer permitted  
to give employment certificate.

\* Any false declaration/ certification will entail legal action .

---

**SANCTION**

I hereby sanction, after due verification a sum of Rs...../- (Rupees ..... only) as educational assistance, in respect of \*Selvan/\*Selvi..... \* son/\*daughter of \*Thiru/Tmt..... registered manual worker (Registration No..... ).

Office Seal:

Place: Labour Officer ( Social Security Scheme ) .....district

Date :

\* Strikeout whichever is not applicable

---

**ACKNOWLEDGEMENT SLIP**



Received from Thiru/Tmt./ Selvi/ ..... (Registration No.....) claim application for sanction of educational assistance .

Labour Officer ( Social Security Scheme )  
..... district with date

Name:

Office Seal :

Designation: .”;

—

(22) for Form-XI, the following Form shall be substituted, namely:-

**“FORM-XI**

**[See Clause 21(3)]**

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR GIRL CHILDREN  
STUDYING  
IN 10<sup>TH</sup> STANDARD/ 11<sup>TH</sup> STANDARD / 12<sup>TH</sup> STANDARD.**

To

The Labour Officer ( Social Security Scheme

..... **district.**

15. Name of the registered manual worker.

16. (a) Registration Number and date of initial registration  
(Original identity card should be enclosed).

(b) Date of last renewal, indicating the  
period upto which renewed

3. Address (in full) with PIN Code :

4. Details of family members of the registered manual  
worker :

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the daughter for whom Educational Assistance is sought for:-

Sl. No.	Name	Date of Birth	Standard in which studying (Std. 10 <sup>th</sup> /11 <sup>th</sup> / 12 <sup>th</sup> )	Year of Study (indicate the academic year)	Name of the school with full address
(1)	(2)	(3)	(4)	(5)	(6)

**Note:-** Certificate from the Head Master/Principal of the School to the effect that the daughter of the registered manual worker is studying the course, should be enclosed.

6. Number of children for whom the assistance has already been availed from the Board:

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing the assistance	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of  
the registered manual worker.

**DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date : Signature/Thumb impression of the registered manual worker.

\*Any false declaration/ certification will entail legal action .

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application are correct.

Place:

Date: Members, ..... Tamil Nadu .....  
Welfare Board /  
President/Secretary of the Registered. Trade Union  
of the Employment concerned/ / Assistant

Inspector

of Labour concerned /Any other officer permitted  
to give employment certificate.

\* Any false declaration/ certification will entail legal action ..

**SANCTION**

I hereby sanction, after due verification, a sum of Rs...../- (Rupees.....only) to the claimant as educational assistance, in respect of Selvi..... daughter of Thiru/Tmt..... registered manual worker (Registration No.....).

**Office Seal:**

**Place**

**Date**

**Labour Officer ( Social Security Scheme ) .....district**

---

**ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. .... registered manual worker  
(Registration No.....), claim application for sanction of educational assistance.

Labour Officer ( Social Security Scheme ) ..... district with date  
Name:

Office Seal :

Designation: .”;

---

(23) for Form-XII, the following Form shall be substituted, namely:-

**“FORM-XII**  
**[See Clause 21(3)]**

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR HIGHER EDUCATION**

To

The Labour Officer ( Social Security Scheme )  
..... district.

15. Name of the registered manual worker.

16. a) Registration Number and date of initial registration

(Original identity card should be enclosed).

- b) Date of last renewal, indicating the period upto which renewed
3. Address (in full) with PIN Code :
4. Details of family members of the registered manual worker :

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought :-

Sl. No.	Name	Date of Birth	Name of the course studying	Duration of the course	Name of the College/Institution with address in full
(1)	(2)	(3)	(4)	(5)	(6)

**Note: -** Certificate from the Principal of the College/Educational institution to the effect that the son or daughter of the registered manual worker is studying the course indicating whether a day scholar or hosteller should be enclosed in original.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Years of availing assistance Rs.	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/ Thumb impression of the registered manual worker.

**DECLARATION BY THE APPLICANT.\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefit by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date

Signature/Thumb impression of the registered manual worker.

---

\* Any false declaration/ certification will entail legal action .

---

**CERTIFICATE\***

I hereby certify that the above particulars are correct.

Place:

Date:

Members, ..... Tamil Nadu.....

Welfare Board /

President/Secretary of the Registered. Trade Union  
of the Employment concerned/ / Assistant

Inspector

of Labour concerned /Any other officer permitted  
to give employment certificate.

\*Any false declaration/ certification will entail legal action ..

---

**SANCTION**

I hereby sanction, after due verification, a sum of Rs...../- (Rupees .....  
.....only) towards educational assistance in respect of \*Selvi/\*Selvan .....(\*son  
/\*daughter) of \*Thiru/\*Tmt..... registered manual worker (Registration  
number.....).

Place:

Labour Officer, ( Social Security Scheme )

..... district

Date

\* Strikeout whichever is not applicable

---

**ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. .... registered manual  
worker (Registration No. .... ) claim application for sanction of educational  
assistance.

Labour Officer ( Social Security Scheme ) .....  
district with date

Name:

Office Seal :

Designation:

.”;

---

(24) for Form-XIII, the following Form shall be substituted, namely:-

**“FORM – XIII**  
**[See Clause 22(4)]**

**APPLICATION FOR PAYMENT OF MARRIAGE ASSISTANCE**

To

The Labour Officer ( Social Security Scheme )  
.....district.

- (15) Name of the registered manual worker.  
(16) Registration Number and date of initial registration  
(Original identity card should be enclosed).  
3. Address in full with PIN Code:  
4. (a)Particulars of the members of the family of the registered  
manual worker :

<u>Sl No.</u>	<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Marital Status</u>
(1)	(2)	(3)	(4)	(5)

- (b) (i) Name of the person for whose marriage the assistance is sought for  
(ii) Relationship to the registered manual worker:  
(iii) Age in completed years on the date of marriage:  
(c) Names of the couple: (i) Bride  
(ii) Groom  
(d) Date and venue of the marriage  
(Marriage invitation to be enclosed in original) :  
(e) Has the marriage assistance been availed earlier from the Board?  
If so, furnish details:

Signature/Thumb impression of the  
registered manual worker.

**DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance for the marriage of self/daughter/son.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date : Signature/Thumb impression of the  
registered manual worker.

\*Any false declaration/ certification will entail legal action ..

---

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date: Members, ..... Tamil Nadu.....  
Welfare Board/  
President/Secretary of the Regd. Trade Union of the  
Employment concerned// Assistant Inspector  
of Labour concerned /Any other officer permitted  
to give employment certificate.

\*Any false declaration/ certification will entail legal action ..

---

**SANCTION**

I hereby sanction, after due verification, a sum of Rs...../- (Rupees ..... only)  
towards marriage assistance of the son / daughter / self of Thiru/Tmt....., registered  
manual worker of the Board (Registration number.....)

**Labour Officer ( Social Security Scheme )**  
..... district.

---

**A C K N O W L E D G E M E N T   S L I P**

Received from Thiru/Tmt. ....(Registration No. .... )  
.....claim application for  
sanction of marriage assistance.

**Labour Officer ( Social Security Scheme )..... district**  
**with date**

Name:

Office Seal :

Designation: .”;

---

(25) for Form-XIV, the following Form shall be substituted, namely:-

**“FORM – XIV**

**[See clause 23(3)]**

**APPLICATION FOR PAYMENT OF MATERNITY ASSISTANCE  
FOR PREGNANCY OR MISCARRIAGE OR TERMINATION OF PREGNANCY BY**

## A REGISTERED FEMALE MANUAL WORKER

To

**Labour Officer ( Social Security Scheme )**

.....district

15. Name of the registered female manual worker :  
16. (a) Registration Number and date of initial registration  
(Original Identity card should be enclosed).  
(b) Date of last renewal indicating the  
period upto which renewed  
3. Address (in full) with PIN Code :  
4. Particulars of surviving son/daughter of the registered  
female manual worker:

Sl. No.	Name	Sex	Date of Birth	Age
(1)	(2)	(3)	(4)	(5)

5. Month of Pregnancy\* on the date of claim application:  
\*(Certificate from the Civil Assistant Surgeon of the Government Hospital in support of this should be enclosed in original)  
6. Whether the claim is for pregnancy or miscarriage of pregnancy or termination of pregnancy?  
If so details may be furnished. (Certificate from the Civil Assistant Surgeon of the Government Hospital to this effect should be obtained and sent in original)  
7. Whether the assistance has already been availed by the registered female manual worker?  
If so, details may be furnished:

Signature/Thumb impression of the  
registered manual worker.

### **DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :

Signature/Thumb impression of the  
registered female manual worker.

---

\*Any false declaration/ certification will entail legal action ..

---

**Note.-** (i) The Birth Certificate from the Registrar of Births of the area concerned should be obtained and sent in original for release of the assistance after the date of delivery.



(ii) In the event of untoward demise of the registered female manual worker after the 7<sup>th</sup> month of pregnancy either before delivery or three months after delivery, the fact should be reported to the Medical Officer of Primary Health Centre concerned and for Chennai district to the Health Officer concerned, immediately along with the Death Certificate in original, for sanction of Funeral Expenses (or) Natural death assistance as admissible under the Scheme.

---

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date:

Members, ..... Tamil Nadu.....  
Welfare Board/

President/Secretary of the Regd. Trade Union of the  
Employment concerned// Assistant Inspector  
of Labour concerned /Any other officer permitted  
to give employment certificate.

\*Any false declaration/ certification will entail legal action ..

---

**SANCTION**

I hereby sanction, after due verification, for the payment of assistance of Rs...../- (Rupees..... only) to Tmt.....registered female manual worker (Registration No.....) \*at the time of seventh month of pregnancy / \*on delivery of child / \*for miscarriage of pregnancy /\* termination of pregnancy (\* Strike out whichever is not applicable).

Office Seal:

Labour Officer (Social Security  
Scheme).....district

---

**ACKNOWLEDGEMENT SLIP**

Received from Tmt. .... registered female manual worker (Registration Number.....) claim application for sanction of maternity assistance for \*pregnancy/\*miscarriage of pregnancy /\*termination of pregnancy in respect of the registered female manual worker .

\* Strikeout whichever is not applicable

Labour Officer (Social Security Scheme)  
.....district

Office Seal :

Name:

Designation: .”;

---

(26) for Form-XV, the following Form shall be substituted, namely :-

**“FORM – XV**

**[See Clause 24(3)]**

**APPLICATION FOR REIMBURSEMENT OF COST ON  
PURCHASE OF SPECTACLES BY THE REGISTERED MANUAL WORKER**

To

The Labour Officer(Social Security Scheme)

..... district.

15. Name of the registered manual worker.

16. (a) Registration Number and date of initial registration.

(Original identity card should be enclosed).

(b) Date of last renewal indicating the  
period upto which renewed

3. Address in full with PIN code:

4. Date of purchase of spectacles and its actual cost :

5. Whether certificate issued by a registered

Opthalmist is enclosed in original? :

6. Whether cash bill is enclosed in original? :

Signature/Thumb impression of the  
registered manual worker.

---

**DECLARATION BY THE APPLICANT\***

(i) I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount reimbursed towards purchase of spectacles for myself.

(ii) I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :

Signature/Thumb impression of the  
registered manual worker.

\*Any false declaration/ certification will entail legal action .

---

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date:

Member ..... Tamil Nadu.....

Welfare Board

President/Secretary of the Registered Trade Union of the  
Employment/ sistant Inspector of Labour concerned

/Any

other officer permitted to give employment certificate.

\*Any false declaration/ certification will entail legal action .

**SANCTION**

I hereby sanction, after due verification, the reimbursement of a sum of Rs...../(Rupees ..... only) to Selvi/Thiru/Tmt....., towards the actual cost on purchase of spectacles for himself/herself.

Office Seal:

The Labour Officer(Social Security Scheme)  
..... district

---

**ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt./ Selvi ..... registered manual worker  
(Registration No.....) application for reimbursement of cost on purchase of spectacles  
for himself/herself.

The Labour Officer(Social Security Scheme)  
..... district .....with

date

Office Seal :

Name:  
Designation: .”.

---

—

### **NOTIFICATION –XIII.**

In exercise of the powers conferred by section 4 read with section 3 of the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 (Tamil Nadu Act 33 of 1982), the Governor of Tamil Nadu, after consultation with the Advisory Committee, hereby makes the following amendments to the Tamil Nadu Goldsmiths Social Security and Welfare Scheme, 2006.

2. The amendments hereby made shall come into force on the 31<sup>st</sup> day of October, 2008.

### **AMENDMENTS**

In the said Scheme, -

- (1) in clause 9,-

- (i) in sub-clause (1), after the expression “Board”, the expression “through the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

- (ii) in sub-clause (2),-

- (a ) after the expression “such registration shall be made”, the expression “in duplicate to the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

- ( b ) after item (c), the following item shall be added, namely:-

- “(d) Village Administrative Officer and for Chennai district, the Revenue Inspector concerned.”;

- (iii) for sub-clause (3), the following sub-clause shall be substituted, namely:-

- “(3) (a) The registration of the name of the manual worker with the Board shall be made by the Labour Officer (Social Security Scheme) of the respective district after due

verification by the respective Village Administrative Officer and for Chennai district, by the Revenue Inspector concerned.

(b) The registration under this clause is valid for a period of two years or until the registered manual worker attains the age of sixty years, whichever is earlier.”;

(iv) in sub-clauses (4) and (5), for the expression “Board or district or local office” wherever it occurs, the expression “Labour Officer ( Social Security Scheme ) of the respective district ” shall be substituted;

(v) in sub-clause (6), after item (c), the following item shall be added, namely:-

“(d) Where the nomination made is incomplete or becomes void, the assistance shall be released to the legal heirs of the deceased registered manual worker.”;

(2) in clause 10,-

(viii) in sub-clauses (1) and (2), for the expression “Executive Officer”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(3) in clause 11, in sub-clause (4), after the expression “Board”, the expression “and the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

(4) in clause 14, in sub-clause (3), for the expression “Executive Officer or any other officer authorised in this behalf by the Board”, the expression “Labour Officer ( Social Security Scheme ) of the respective district, after due verification” shall be substituted;

(5) in clause 15, for the expression “Chief Executive Officer or any other officer authorised by the Chief Executive Officer in this behalf”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(6) in clause 17,-

(i) in sub-clause (1), after the expression “Personal Accident Relief”, the following expression shall be added, namely:-

“and where the accident results in death, their nominees are eligible for Personal Accident Relief.”;

(ii) in sub-clause (3),-

(a) in item (a), for the expression “Board”, occurring in three places, the expression “Labour Officer ( Social Security Scheme ) of the respective district ” shall be substituted;

(b) in item (e), for the expression “ Board or any Officer authorised in this behalf ”, the expression “ Labour Officer ( Social Security Scheme ) of the respective district ” shall be substituted;

(7) in clause 18,-

19. in sub-clause (2), for the expression “Board” occurring in five places, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

20. in sub-clause (3), for the expression “ Rs.300 (Rupees three hundred only)”, the expression “Rs.400 (Rupees four hundred only)” shall be substituted;

(8) in clause 19,-

(i) in sub-clause (1), for the expression “Secretary or any other officer authorised in this behalf by the Board”, the expression “Labour Officer ( Social Security Scheme ) of the respective district, after due verification” shall be substituted;

(ii) in sub-clause (2), the expression “by the Board” shall be omitted;

(9) in clause 20, in sub-clause (1), for the expression “Secretary or any other Officer authorized in this behalf by the Board” , the expression “Labour Officer ( Social Security Scheme ) of the respective district, after due verification” shall be substituted;

(10) in clause 21,-

(xvii) for sub-clause (1), the following sub-clause shall be substituted, namely:-

“(1) The assistance for the education of the children of a registered manual worker shall be sanctioned by the Labour Officer ( Social Security Scheme ) of the respective district, after due verification, as specified in the Table below:-

**THE TABLE.**

Serial Number	Form	Course of Study	Day Scholar		Hosteller	
			Boys	Girls	Boys	Girls
			Rs.	Rs.	Rs.	Rs.
1	XI	10 <sup>th</sup> Std., Studying-Girl children only	---	1,000	---	---
2	X	10 <sup>th</sup> Std., passed	1,000	1,000	---	---
3	XI	11 <sup>th</sup> Std., Studying-Girl children only	---	1,000	---	---
4	XI	12 <sup>th</sup> Std. Studying – Girl children only	---	1,500	---	---
5	X	12 <sup>th</sup> Std. passed	1,500	1,500	---	---

6	XII	Studying regular Bachelor Degree course (Every academic year)	1,500	1,500	1,750	1,750
7	XII	Studying regular Post Graduate course ( Every academic year )	2,000	2,000	3,000	3,000
8	XII	Studying regular Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses . ( Every academic year )	2,000	2,000	4,000	4,000
9	XII	Studying regular Post Graduate Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses ( Every academic year )	4,000	4,000	6,000	6,000
10	XII	Studying ITI or Polytechnic course (Every academic year)	1,000	1,000	1,200	1,200

(xviii) for sub-clause (3), the following sub-clause shall be substituted, namely:-

“ (3) The application for assistances specified in serial numbers 2 and 5 in column (1) of the Table in sub-clause (1) shall be in Form X to be submitted after passing of the course, the application for assistances specified in serial numbers 6 to 10 in column (1) of the said Table shall be in Form XII to be submitted before completion and passing of the course and the application for assistances specified in serial numbers 1,3 and 4 shall be in Form XI to be submitted before completion and passing of the course.”;

- (11) in clause 22, in sub-clause (1), for the expression “Secretary or any other Officer authorised in this behalf by the Board, shall on an application from a registered manual worker”, the expression “Labour Officer ( Social Security Scheme ) of the respective district shall, on an application from a registered manual worker, after due verification” shall be substituted;

- (12) in clause 23, for sub-clause (1), the following sub-clause shall be substituted, namely:-

“(1) The Labour Officer ( Social Security Scheme ) of the respective district shall, on an application from a registered female manual worker, sanction the assistance as indicated below, after due verification of the proof produced by her of her pregnancy or delivery of child by her or the miscarriage of her pregnancy or the termination of pregnancy:-

- (i) Pregnancy - Rs.6,000/-  
(Rs.3,000/- shall be paid on the seventh month of

pregnancy and remaining Rs.3,000/- shall be paid on delivery of the child)

(ii) Miscarriage of pregnancy -Rs.3,000/-

(iii) Termination of pregnancy -Rs.3,000/-.”;

(13) in clause 24,-

(i) in sub-clause (1), for the expression “Secretary or any other officer authorised in this behalf by the Board, shall on an application From XV from a registered manual worker”, the expression “Labour Officer ( Social Security Scheme ) of the respective district, shall on an application From XV from a registered manual worker, after due verification” shall be substituted;

(ii) for sub-clause (2), the following sub-clause shall be substituted, namely:-

“(2) The assistance shall be restricted to 65 registered manual workers per year in each district on “First come – First serve” basis depending upon the applications received.”;

(14) for Form I, the following Form shall be substituted, namely :-

**“FORM – I**  
**[See Clause 9(2)]**

**APPLICATION FOR REGISTRATION**

To  
The Labour Officer (Social Security Scheme),  
..... district.

Registration No.....  
(to be filled in by the Registration Authority)

Affix  
Passport  
size  
photograph

1. Name of the Worker :
2. Name of the Father/Husband :
3. Date of birth  
(Enclose Xerox Copy of evidence Day Month Year  
in proof duly attested by a Group A  
or Group B Officer)\*
4. Marital Status  
(Whether married, unmarried, widow/widower) :



5. Permanent address :
6. Present address :
7. State whether self-employed or employed :
8. If employed, furnish the name and address of the establishment and also the name and address of the employer/contractor :
9. Nature of work :
10. Number of years engaged in the employment as on the date of application :
11. Particulars of the members of the family

Sl. No.	Name	Age	Relationship	Marital status
(1)	(2)	(3)	(4)	(5)

12. (a) Whether the wife/husband is employed ? :

(b) If so furnish details

13. Nomination for receipt of Natural Death/Accidental

Death Assistance :

Name and address ** of the nominee/nominees (1)	Nominee's Relationship with the worker (2)	Age of the nominee (3)	Percentage of amount to paid to each nominee (4)

\*(i) Birth Certificate or (ii) School Certificate or (iii) Driving Licence or (iv) Ration Card or (v) Voter's identity card or (vi) Certificate from Registered Medical Practitioner not below the rank of Civil Surgeon of a Government Hospital in the prescribed format duly signed by the worker.

\*\* Nominees shall be dependant Family Members.

Signature or left hand thumb impression of the manual worker.  
(Left hand thumb impression to be attested by the Registration Authority)

### **DECLARATION BY THE APPLICANT.\*\*\***

I declare that I am not registered as a member in any other Manual Workers Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Signature or left hand thumb impression of the manual worker.  
(Left hand thumb impression to be attested by the Registration Authority)

\*\*\* Any false declaration/ certification will entail legal action.

### **CERTIFICATE OF EMPLOYMENT\*\*\*.**

Certified that the particulars furnished by Thiru/Thirumathi/ Selvi....., regarding employment as a manual worker in the application for registration are true to the best of my knowledge and belief.

Place:

Date :

Signature and name of the person /  
Officer issuing the certificate

\*\*\* Any false declaration/ certification will entail legal action

---

### **VERIFICATION CERTIFICATE.**

After due verification it is certified that the particulars furnished in the application and the proof of age are found correct and recommended for registration.

Place:

Date:

Village Administrative Officer /  
Revenue Inspector (for Chennai district)

---

#### **Office Note:-**

Application and proof verified. The recommendation of the .....is accepted and the applicant is registered as member of the Tamil Nadu ..... Welfare Board . Application for membership rejected (In case of rejection, reason should be clearly mentioned).

**Labour Officer ( Social Security Scheme )**  
.....district

---

### **ACKNOWLEDGEMENT SLIP.**

Received from Selvi/Thiru/Tmt. ....residing at  
..... application for registration as manual worker in the Tamil Nadu ..... Welfare Board.

Office Seal:

).

Labour Officer ( Social Security Scheme

district with date

Name :

Designation : .”.

---

(15) in Form II,-

- under the heading “SCHEME ASSISTANCES OF THE BOARD”, in serial number 8, against the entry “Pension”, for the expression “300”, the expression “400” shall be substituted;
- under the heading “Details of Scheme Assistance provided to the worker”, in the Table, for the expression “Name of the Beneficiary”, the expression “Name of

- the person” shall be substituted;
  - under the heading “GENERAL INSTRUCTIONS”,-
    - (a) for the expression “Assistant Inspector of Labour”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;
    - (b) for the expression “Board” occurring in three places, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;
- (16) in FORM - VI, for the expression “The Secretary,”, the expression “The Labour Officer (Social Security Scheme ), ..... district.” shall be substituted;
- (17) for FORM - VII, the following Form shall be substituted, namely.-

**“FORM – VII**  
**[See Clause 17(3)(b)]**  
**APPLICATION FOR PAYMENT OF COMPENSATION FOR**  
**ACCIDENTAL DEATH/ DISABILITY**

To  
 The Labour Officer ( Social Security Scheme )  
 ..... district.

22. (a)Name of the registered manual worker } :

- (b)Address (in full)  
(on the date of death/ disability) :
- (c) Age :
- (d) Registration number and date of  
initial registration :
- (e) Renewal date :
- (f) Occupation :
2. (a)Area :
- (b)Place :
- (c)District :
3. (a) Name of the nominee :
- (b) Relationship with the deceased registered manual worker  
(in the case of accidental death only)
- (c) Age of the nominee :
- (d) Address in full (with PIN)
4. Whether the claimant is the registered worker  
himself (in the case of accidental  
disability) or the nominee of the  
registered manual worker? :
5. Date and time of accident :
6. Place of accident :
- (a) at the work place :
- (b) outside the work place :
7. Whether intimation regarding accident has been given  
in Form - VI as per clause 17 (3) (a)? :
8. Whether the accident resulted in death/  
loss of limb/loss of eye sight/partial injury?
9. In the case of accidental disability, a certificate  
from a Civil Surgeon of the Government  
Hospital indicating the percentage of  
disability due to accident with details should be  
obtained and enclosed in original. :
- 10 ( i) Date and time of death (in the case of accidental death) :
- (ii) Attested copy of First Information Report. from the Police  
Station nearer to the place of accident to be enclosed :
- (iii) Post-Mortem Certificate and final  
Investigation Report should be sent in original :
- (iv) Death Certificate (attested copy) should be  
enclosed :

worker / Signature/Thumb impression of the registered manual  
nominee in case of death.

### **DECLARATION BY THE CLAIMANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for accidental death/disability. I

also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date : Signature/Thumb impression of the registered manual worker /  
nominee in case of death.

\* Any false declaration/ certification will entail legal action.

---

### **SANCTION**

I hereby sanction, after due verification, for payment of Rs...../- (Rupees ...only) towards accidental death/disability to Selvi/Thiru/Tmt. .... nominee of the deceased manual worker (Registration Number.....) / registered worker (Registration Number.....) himself.

Place: Labour Officer ( Social Security Scheme )  
Date: .....district.

**(Affix Rubber Stamp)**

---

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....  
..... application for sanction  
of assistance towards accidental death/disability in respect of deceased registered manual  
worker Selvi/Thiru/Tmt. .... (Registration Number .....)/registered  
manual worker Selvi/Thiru/Tmt. ....(Registration Number .....).

Labour Officer ( Social Security Scheme ) .....  
district with date

Name:

Office Seal :

Designation: .”;

**“FORM -VIII**  
**[See Clause 18(2)]**

**APPLICATION FOR PENSION**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

Passport size  
photograph  
duly signed

1. Name of the Applicant : :
2. Address in full (to which pension is to be sent) (with PIN code) :
3. Registration number and date :  
(Original identity Card should be enclosed)
4. Age and date of completion of 60 years of age :
5. Date of completion of continuous period of five years as registered manual worker of the Board :
6. Whether the registration has been renewed regularly without any default? If so, details may be furnished :

Sl. No. (1)	Date of initial registration/ subsequent renewal (2)	Period of validity of registration/renewal	
		From (3)	To (4)

7. Whether in receipt of any other pension?  
If so, furnish complete details :

Signature/Thumb impression of the  
registered manual worker.

**DECLARATION\***

I hereby certify that the facts mentioned above are true to the best of my knowledge and information. I am not a registered manual worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place: Signature/Thumb impression of the registered manual worker.  
Date: Name :

\*Any false declaration/ certification will entail legal action

---

Note : 1. Besides the photograph affixed above, another passport size photograph should be enclosed with the application.  
23. Incomplete applications will not be considered.

**SANCTION**

I hereby sanction, after due verification, a monthly pension of Rs...../-  
(Rupees..... only) with effect from..... The amount shall be  
sent by Money Order.

Place : **Labour Officer ( Social Security Scheme )**  
Date : .....district.

---

**ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....(Address in full) .....  
.....(Registration No. ....)  
application for sanction of pension.

Labour Officer ( Social Security Scheme ) ..... district with date

Name:

Office Seal :

Designation: .”;

---

(19) for Form-VIII-A, the following Form shall be substituted, namely:-

**“FORM -VIII-A**  
**[See Clause 18(2)]**  
**APPLICATION FOR DISABILITY PENSION**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

Passport size  
photograph  
duly signed

1. Name of the applicant :
2. Address in full (to which pension is to be sent) (with PIN code) :
3. Registration number and date :  
(Original identity card should be enclosed)
4. Age and date of completion of 60 years of age :
5. Date of completion of continuous period of five years as registered manual worker of the Board :
6. Whether the registration has been renewed regularly without any default? If so, details may be furnished :

Sl. No.	Date of initial registration/ subsequent renewal	Period of validity of registration/renewal	
		From	To
(1)	(2)	(3)	(4)

7. Whether the applicant has become disabled due to sickness and incapacitated from normal work? (If so, a certificate by a Medical Officer not below the rank of Civil Surgeon of the Government Hospital under his name and seal should be enclosed in original)
8. Whether in receipt of any other pension?  
If so, furnish complete details :

Signature/Thumb impression of the registered  
manual worker

**DECLARATION\***

I hereby declare that the facts mentioned above are true to the best of my knowledge and information. I am not a registered worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as disability pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.



Place: Signature/Thumb impression of the registered manual worker

Date: Name :

\* Any false declaration/ certification will entail legal action

---

Note : 1. Besides the photograph affixed above another passport size  
photograph should be enclosed with the application.  
2. Incomplete applications will not be considered.

**SANCTION**

I hereby sanction, after due verification, a monthly pension of Rs...../- (Rupees.....  
only ) with effect from..... The amount shall be sent by Money Order.

Office Seal:

Place :

**Labour Officer ( Social Security Scheme )**

**Date :**

.....**district.**

---

—

**ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....(Address in full) .....  
.....(Registration No. ....)  
application for sanction of disability pension.

Labour Officer ( Social Security Scheme ) ..... district with date

Name:

Office Seal :

Designation: .”;

---

—

(20) for Form-IX, the following Form shall be substituted, namely:-

**“FORM – IX**  
**[See Clause 19(2) and 20(2)]**

**APPLICATION FOR PAYMENT OF FUNERAL EXPENSES/  
NATURAL DEATH ASSISTANCE**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

41. Name of the deceased registered manual worker:
42. Address in full (at the time of death):
43. Age (on the date of death) :
44. Nature of work :
45. (a) Registration Number and date of initial registration.  
(Original Identity card should be enclosed).  
(b) Date of last renewal, indicating the  
period upto which renewed
6. (a) Place of death  
(b) Date of death  
(c) Cause of death (to be indicated clearly) :  
(Avoid indicating as “Natural Death”)  
(Death Certificate in original shall be enclosed)
7. (a) Name of the nominee :  
(b) Age on the nominee (in completed years):  
(c) Address of the nominee in full indicating PIN Code:  
(d) Relationship of the nominee with the deceased  
registered manual worker

Signature/Thumb impression of the nominee of the  
registered manual worker

**DECLARATION OF THE NOMINEE \***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for death/funeral expenses of the deceased manual worker.

I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :

Signature/Thumb impression of the  
nominee of the registered manual worker

\*Any false declaration/ certification will entail legal action

### **CERTIFICATE\***

I hereby certify that the particulars furnished in the application are correct.

Place:

Date:

Members, ..... Tamil Nadu .....

Welfare Board / President/Secretary of the Registered Trade

Union of the Employment concerned/Assistant Inspector  
of Labour concerned /Any other officer permitted to give  
employment certificate.

\* Any false declaration/ certification will entail legal action

---

### **SANCTION**

9. I hereby sanction, after due verification, a sum of Rs.                      /- (Rupees  
only) as assistance to Thiru/Tmt/Selvi. ...., nominee / nominees, for the funeral  
of Thiru/Thirumathi/Selvi ..... a registered manual worker.

2. I hereby sanction, after due verification, a sum of Rs.                      /-(Rupees  
only) as assistance to Thiru/Tmt/Selvi....., nominee/nominees, on the natural death of  
Thiru/Thirumathi/Selvi .....a registered manual worker.

Office Seal:

Place :

Date :

**Labour Officer ( Social Security Scheme )**  
.....district.

---

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....  
.....claim application for  
sanction of Funeral/Natural death assistance in respect of deceased registered manual worker  
Selvi/Thiru/Tmt. .... (Registration No.                      )

Labour Officer ( Social Security Scheme ).....  
district with date  
Name:

Office Seal :

Designation:

.”;

(21) for Form-X, the following Form shall be substituted, namely:-

**FORM-X**

[See Clause 21(3)]

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR PASS IN  
10<sup>TH</sup> STANDARD AND 12<sup>TH</sup> STANDARD EXAMINATION.**

To

The Labour Officer ( Social Security Scheme )

..... district.

(xvii) Name of the registered manual worker.

(xviii) (a) Registration Number and date of initial registration.

(Original Identity card should be enclosed).

(b) Date of last renewal, indicating the  
period upto which renewed

3. Address (in full) with PIN Code :

4. Details of family members of the registered  
manual worker: -

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought for:-

Sl. No.	Name (Son/Daughter)	Date of Birth	Examination passed	Month and Year of Pass	Name of the School studied
(1)	(2)	(3)	(4)	(5)	(6)

**Note:-** Xerox copy of the Mark Sheet in support of having passed the Examination, duly attested by a Group A or Group B Officer should be enclosed.

6. Number of children for whom the educational assistance has already been availed  
from the Board

Sl.	Name	Son/Daughter	Course for which	Year of availing	Amount of assistance
-----	------	--------------	------------------	------------------	----------------------

No.			assistance availed	assistance	(Rs.)
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker

**DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance. I further declare that I have not availed similar assistance from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date : Signature/Thumb impression of  
the registered manual worker

\* Any false declaration/ certification will entail legal action .

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application are correct.

Place:

Date: Members, ..... Tamil Nadu.....  
Welfare Board /  
President/Secretary of the Regd. Trade Union of the  
Employment concerned/ Assistant Inspector  
of Labour concerned /Any other officer permitted  
to give employment certificate.

\* Any false declaration/ certification will entail legal action .

**SANCTION**

I hereby sanction, after due verification a sum of Rs...../- (Rupees ..... only) as educational assistance, in respect of \*Selvan/\*Selvi..... \* son/\*daughter of \*Thiru/Tmt..... registered manual worker (Registration No..... ).

Office Seal:

Place: Labour Officer ( Social Security Scheme ) .....district

Date :

\* Strikeout whichever is not applicable

**ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt./ Selvi/ ..... (Registration No.....) claim application for sanction of educational assistance .

Labour Officer ( Social Security Scheme )  
..... district with date

Name:

Office Seal :

Designation: .”;

(22) for Form-XI, the following Form shall be substituted, namely:-

**“FORM-XI**

**[See Clause 21(3)]**

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR GIRL CHILDREN  
STUDYING  
IN 10<sup>TH</sup> STANDARD/ 11<sup>TH</sup> STANDARD / 12<sup>TH</sup> STANDARD.**

To

The Labour Officer ( Social Security Scheme

..... **district.**

17. Name of the registered manual worker.

18. (a) Registration Number and date of initial registration  
(Original identity card should be enclosed).

(b) Date of last renewal, indicating the  
period upto which renewed

3. Address (in full) with PIN Code :

4. Details of family members of the registered manual  
worker :

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the daughter for whom Educational Assistance is sought for:-

Sl. No.	Name	Date of Birth	Standard in which studying (Std. 10 <sup>th</sup> /11 <sup>th</sup> / 12 <sup>th</sup> )	Year of Study (indicate the academic year)	Name of the school with full address
(1)	(2)	(3)	(4)	(5)	(6)

--	--	--	--	--	--

**Note:-** Certificate from the Head Master/Principal of the School to the effect that the daughter of the registered manual worker is studying the course, should be enclosed.

6. Number of children for whom the assistance has already been availed from the Board:

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing the assistance	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of  
the registered manual worker.

**DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date : Signature/Thumb impression of the registered manual worker.

\*Any false declaration/ certification will entail legal action .

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application are correct.

Place:

Date: Members, ..... Tamil Nadu .....  
Welfare Board /  
President/Secretary of the Registered. Trade Union  
of the Employment concerned/ / Assistant

Inspector

of Labour concerned /Any other officer permitted  
to give employment certificate.

\* Any false declaration/ certification will entail legal action ..

**SANCTION**

I hereby sanction, after due verification, a sum of Rs...../- (Rupees.....only) to the claimant as educational assistance, in respect of Selvi..... daughter of Thiru/Tmt..... registered manual worker (Registration No.....).

**Office Seal:**

**Place**

**Labour Officer ( Social Security Scheme ) .....district**

**Date**

**ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. .... registered manual worker  
(Registration No.....), claim application for sanction of educational assistance.

Labour Officer ( Social Security Scheme ) ..... district with date  
Name:

Office Seal :

Designation: .”;

---

(23) for Form-XII, the following Form shall be substituted, namely:-

**“FORM-XII**  
**[See Clause 21(3)]**

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR HIGHER EDUCATION**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

17. Name of the registered manual worker.
18. a) Registration Number and date of initial registration  
(Original identity card should be enclosed).
- b) Date of last renewal, indicating the  
period upto which renewed
3. Address (in full) with PIN Code :
4. Details of family members of the registered  
manual worker :



Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought :-

Sl. No.	Name	Date of Birth	Name of the course studying	Duration of the course	Name of the College/Institution with address in full
(1)	(2)	(3)	(4)	(5)	(6)

**Note:** - Certificate from the Principal of the College/Educational institution to the effect that the son or daughter of the registered manual worker is studying the course indicating whether a day scholar or hosteller should be enclosed in original.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Years of availing assistance Rs.	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/ Thumb impression of the registered manual worker.

**DECLARATION BY THE APPLICANT.\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefit by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date

Signature/Thumb impression of the registered manual worker.

---

\* Any false declaration/ certification will entail legal action .

**CERTIFICATE\***

I hereby certify that the above particulars are correct.

Place:

Date:

Members, ..... Tamil Nadu.....  
Welfare Board /

President/Secretary of the Registered. Trade Union  
of the Employment concerned/ / Assistant

Inspector

of Labour concerned /Any other officer permitted  
to give employment certificate.

\*Any false declaration/ certification will entail legal action ..

---

**SANCTION**

I hereby sanction, after due verification, a sum of Rs...../- (Rupees .....  
.....only) towards educational assistance in respect of \*Selvi/\*Selvan .....(\*son  
/\*daughter) of \*Thiru/\*Tmt..... registered manual worker (Registration  
number.....).

**Place:** **Labour Officer, ( Social Security Scheme )**  
..... district

**Date**

**\* Strikeout whichever is not applicable**

---

**ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. .... registered manual  
worker (Registration No. .... ) claim application for sanction of educational  
assistance.

Labour Officer ( Social Security Scheme ) .....  
district with date

Name:

Office Seal :

Designation:

.”;

---

(24) for Form-XIII, the following Form shall be substituted, namely:-

**“FORM – XIII**  
**[See Clause 22(4)]**

**APPLICATION FOR PAYMENT OF MARRIAGE ASSISTANCE**

To  
The Labour Officer ( Social Security Scheme )  
.....district.

- (17) Name of the registered manual worker.  
(18) Registration Number and date of initial registration  
(Original identity card should be enclosed).

3. Address in full with PIN Code:  
4. (a)Particulars of the members of the family of the registered manual worker :

<u>Sl No.</u>	<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Marital Status</u>
(1)	(2)	(3)	(4)	(5)

- (b) (i) Name of the person for whose marriage the assistance is sought for  
(ii) Relationship to the registered manual worker:  
(iii) Age in completed years on the date of marriage:  
(c) Names of the couple: (i) Bride  
(ii) Groom  
(d) Date and venue of the marriage  
(Marriage invitation to be enclosed in original) :  
(e) Has the marriage assistance been availed earlier from the Board?  
If so, furnish details:

Signature/Thumb impression of the  
registered manual worker.

**DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance for the marriage of self/daughter/son.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :  
Date :

Signature/Thumb impression of the

registered manual worker.  
\*Any false declaration/ certification will entail legal action ..

---

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date:

Members, ..... Tamil Nadu.....  
Welfare Board/  
President/Secretary of the Regd. Trade Union of the  
Employment concerned// Assistant Inspector  
of Labour concerned /Any other officer permitted  
to give employment certificate.

\*Any false declaration/ certification will entail legal action ..

---

**SANCTION**

I hereby sanction, after due verification, a sum of Rs...../- (Rupees ..... only)  
towards marriage assistance of the son / daughter / self of Thiru/Tmt....., registered  
manual worker of the Board (Registration number.....)

**Labour Officer ( Social Security Scheme )**  
..... district.

---

**A C K N O W L E D G E M E N T   S L I P**

Received from Thiru/Tmt. ....(Registration No. .... )  
.....claim application for  
sanction of marriage assistance.

**Labour Officer ( Social Security Scheme )..... district**  
**with date**

Name:

Office Seal :

Designation:

.”;

---

(25) for Form-XIV, the following Form shall be substituted, namely:-

**“FORM – XIV**  
**[See clause 23(3)]**

**APPLICATION FOR PAYMENT OF MATERNITY ASSISTANCE**  
**FOR PREGNANCY OR MISCARRIAGE OR TERMINATION OF PREGNANCY BY**  
**A REGISTERED FEMALE MANUAL WORKER**

To

**Labour Officer ( Social Security Scheme )**  
.....district

17. Name of the registered female manual worker :

18. (a) Registration Number and date of initial registration  
(Original Identity card should be enclosed).  
(b) Date of last renewal indicating the  
period upto which renewed
3. Address (in full) with PIN Code :
4. Particulars of surviving son/daughter of the registered  
female manual worker:

Sl. No.	Name	Sex	Date of Birth	Age
(1)	(2)	(3)	(4)	(5)

5. Month of Pregnancy\* on the date of claim application:  
\*(Certificate from the Civil Assistant Surgeon of the Government Hospital in  
support of this should be enclosed in original)
6. Whether the claim is for pregnancy or miscarriage of  
pregnancy or termination of pregnancy?  
If so details may be furnished. (Certificate  
from the Civil Assistant Surgeon of the Government  
Hospital to this effect should be obtained  
and sent in original)
7. Whether the assistance has already been  
availed by the registered female manual worker?  
If so, details may be furnished:

Signature/Thumb impression of the  
registered manual worker.

#### **DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date : Signature/Thumb impression of the  
registered female manual worker.

---

\*Any false declaration/ certification will entail legal action ..

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**Note.-** (i) The Birth Certificate from the Registrar of Births of the area concerned should be obtained and sent in original for release of the assistance after the date of delivery.

(ii) In the event of untoward demise of the registered female manual worker after the 7<sup>th</sup> month of pregnancy either before delivery or three months after delivery, the fact should be reported to the Medical Officer of Primary Health Centre concerned and for Chennai district to the Health Officer concerned, immediately along with the Death Certificate in original, for sanction of Funeral Expenses (or) Natural death assistance as admissible under the Scheme.

---

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date:

Members, ..... Tamil Nadu.....

Welfare Board/

President/Secretary of the Regd. Trade Union of the

Employment concerned// Assistant Inspector

of Labour concerned /Any other officer permitted  
to give employment certificate.

\*Any false declaration/ certification will entail legal action ..

---

**SANCTION**

I hereby sanction, after due verification, for the payment of assistance of Rs...../-  
(Rupees..... only) to Tmt.....registered female manual worker (Registration  
No.....) \*at the time of seventh month of pregnancy / \*on delivery of child / \*for miscarriage  
of pregnancy /\* termination of pregnancy (\* Strike out whichever is not applicable).

Office Seal:

Labour Officer (Social Security  
Scheme).....district

---

**ACKNOWLEDGEMENT SLIP**

Received from Tmt. .... registered female manual  
worker (Registration Number.....) claim application for sanction of maternity assistance for  
\*pregnancy/\*miscarriage of pregnancy /\*termination of pregnancy in respect of the registered  
female manual worker .

\* Strikeout whichever is not applicable

Labour Officer (Social Security Scheme)  
.....district

Office Seal :

Name:

Designation: .”;

---

(26) for Form-XV, the following Form shall be substituted, namely :-

**“FORM – XV**

**[See Clause 24(3)]**

**APPLICATION FOR REIMBURSEMENT OF COST ON  
PURCHASE OF SPECTACLES BY THE REGISTERED MANUAL WORKER**

To

The Labour Officer(Social Security Scheme)  
..... district.

17. Name of the registered manual worker.
18. (a) Registration Number and date of initial registration.  
(Original identity card should be enclosed).
- (b) Date of last renewal indicating the  
period upto which renewed
3. Address in full with PIN code:
4. Date of purchase of spectacles and its actual cost :
5. Whether certificate issued by a registered  
Ophthalmist is enclosed in original? :
6. Whether cash bill is enclosed in original? :

Signature/Thumb impression of the  
registered manual worker.

---

**DECLARATION BY THE APPLICANT\***

(i) I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount reimbursed towards purchase of spectacles for myself.

(ii) I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date : Signature/Thumb impression of the  
registered manual worker.

\*Any false declaration/ certification will entail legal action .

---

**CERTIFICATE\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date: Member ..... Tamil Nadu.....

Welfare Board

President/Secretary of the Registered Trade Union of the  
Employment/ Assistant Inspector of Labour concerned

/Any

other officer permitted to give employment certificate.

\*Any false declaration/ certification will entail legal action .

**SANCTION**

I hereby sanction, after due verification, the reimbursement of a sum of Rs...../(Rupees ..... only) to Selvi/Thiru/Tmt....., towards the actual cost on purchase of spectacles for himself/herself.

Office Seal:

The Labour Officer(Social Security Scheme)  
..... district

---

**ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt./ Selvi ..... registered manual worker  
(Registration No.....) application for reimbursement of cost on purchase of spectacles  
for himself/herself.

The Labour Officer(Social Security Scheme)  
..... district .....with

date

Office Seal :

Name:

Designation: .”.

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### **NOTIFICATION – XIV.**

In exercise of the powers conferred by section 4 read with section 3 of the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 (Tamil Nadu Act 33 of 1982), the Governor of Tamil Nadu, after consultation with the Advisory Committee, hereby makes the following amendments to the Tamil Nadu Pottery Workers Social Security and Welfare Scheme, 2006.

2. The amendments hereby made shall come into force on the 31<sup>st</sup> day of October, 2008.

### **AMENDMENTS**

In the said Scheme, -

- (1) in clause 9,-

(i) in sub-clause (1), after the expression “Board”, the expression “through the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

- (ii) in sub-clause (2),-

(a ) after the expression “such registration shall be made”, the expression “in duplicate to the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

- ( b ) after item (c), the following item shall be added, namely:-

“(d) Village Administrative Officer and for Chennai district, the Revenue Inspector concerned.”;

- (iii) for sub-clause (3), the following sub-clause shall be substituted, namely:-

“(3) (a) The registration of the name of the manual worker with the Board shall be made by the Labour Officer (Social Security Scheme) of the respective district after due verification by the respective Village Administrative Officer and for Chennai district, by the Revenue Inspector concerned.

(b) The registration under this clause is valid for a period of two years or until the registered manual worker attains the age of sixty years, whichever is earlier.”;

(iv) in sub-clauses (4) and (5), for the expression “Board or district or local office” wherever it occurs, the expression “Labour Officer ( Social Security Scheme ) of the respective district ” shall be substituted;

(v) in sub-clause (6), after item (c), the following item shall be added, namely:-

“(d) Where the nomination made is incomplete or becomes void, the assistance shall be released to the legal heirs of the deceased registered manual worker.”;

(2) in clause 10,-

in sub-clauses (1) and (2), for the expression “Executive Officer”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(3) in clause 11, in sub-clause (4), after the expression “Board”, the expression “and the Labour Officer ( Social Security Scheme ) of the respective district” shall be inserted;

(4) in clause 14, in sub-clause (3), for the expression “Executive Officer or any other officer authorised in this behalf by the Board”, the expression “Labour Officer ( Social Security Scheme ) of the respective district, after due verification” shall be substituted;

(5) in clause 15, for the expression “Chief Executive Officer or any other officer authorised by the Chief Executive Officer in this behalf”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(6) in clause 17,-

(i) in sub-clause (1), after the expression “Personal Accident Relief”, the following expression shall be added, namely:-

“and where the accident results in death, their nominees are eligible for Personal Accident Relief.”;

(ii) in sub-clause (3),-

(a) in item (a), for the expression “Board”, occurring in three places, the expression “Labour Officer ( Social Security Scheme ) of the respective district ” shall be substituted;

(b) in item (e), for the expression “ Board or any Officer authorised in this behalf ”, the expression “ Labour Officer ( Social Security Scheme ) of the respective district ” shall be substituted;

(7) in clause 18,-

21. in sub-clause (2), for the expression “Board” occurring in five places, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

22. in sub-clause (3), for the expression “ Rs.300 (Rupees three hundred only)”, the expression “Rs.400 (Rupees four hundred only)” shall be substituted;

(8) in clause 19,-

(i) in sub-clause (1), for the expression “Secretary or any other officer authorised in this behalf by the Board”, the expression “Labour Officer ( Social Security Scheme ) of the respective district, after due verification” shall be substituted;

(ii) in sub-clause (2), the expression “by the Board” shall be omitted;

(9) in clause 20, in sub-clause (1), for the expression “Secretary or any other Officer authorized in this behalf by the Board” , the expression “Labour Officer ( Social Security Scheme ) of the respective district, after due verification” shall be substituted;

(10) in clause 21,-

(xix) for sub-clause (1), the following sub-clause shall be substituted, namely:-

“(1) The assistance for the education of the children of a registered manual worker shall be sanctioned by the Labour Officer ( Social Security Scheme ) of the respective district, after due verification, as specified in the Table below:-

**THE TABLE.**

Serial Number	Form	Course of Study	Day Scholar		Hosteller	
			Boys	Girls	Boys	Girls
			Rs.	Rs.	Rs.	Rs.
1	XI	10 <sup>th</sup> Std., Studying-Girl children only	---	1,000	---	---
2	X	10 <sup>th</sup> Std., passed	1,000	1,000	---	---
3	XI	11 <sup>th</sup> Std., Studying-Girl children only	---	1,000	---	---
4	XI	12 <sup>th</sup> Std. Studying – Girl children only	---	1,500	---	---
5	X	12 <sup>th</sup> Std. passed	1,500	1,500	---	---
6	XII	Studying regular Bachelor Degree course (Every academic year)	1,500	1,500	1,750	1,750
7	XII	Studying regular Post Graduate course ( Every academic year )	2,000	2,000	3,000	3,000
8	XII	Studying regular Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses . ( Every academic year )	2,000	2,000	4,000	4,000

9	XII	Studying regular Post Graduate Professional Course in Law, Engineering, Medicine, Veterinary Science and allied courses ( Every academic year )	4,000	4,000	6,000	6,000
10	XII	Studying ITI or Polytechnic course (Every academic year)	1,000	1,000	1,200	1,200

.”;

(xx) for sub-clause (3), the following sub-clause shall be substituted, namely:-

“ (3) The application for assistances specified in serial numbers 2 and 5 in column (1) of the Table in sub-clause (1) shall be in Form X to be submitted after passing of the course, the application for assistances specified in serial numbers 6 to 10 in column (1) of the said Table shall be in Form XII to be submitted before completion and passing of the course and the application for assistances specified in serial numbers 1,3 and 4 shall be in Form XI to be submitted before completion and passing of the course.”;

- (11) in clause 22, in sub-clause (1), for the expression “Secretary or any other Officer authorised in this behalf by the Board, shall on an application from a registered manual worker”, the expression “Labour Officer ( Social Security Scheme ) of the respective district shall, on an application from a registered manual worker, after due verification” shall be substituted;

- (12) in clause 23, for sub-clause (1), the following sub-clause shall be substituted, namely:-

“(1) The Labour Officer ( Social Security Scheme ) of the respective district shall, on an application from a registered female manual worker, sanction the assistance as indicated below, after due verification of the proof produced by her of her pregnancy or delivery of child by her or the miscarriage of her pregnancy or the termination of pregnancy:-

(i) Pregnancy - Rs.6,000/-  
(Rs.3,000/- shall be paid on the seventh month of pregnancy and remaining Rs.3,000/- shall be paid on delivery of the child)

(ii) Miscarriage of pregnancy -Rs.3,000/-

(iii) Termination of pregnancy -Rs.3,000/-.”;

- (13) in clause 24,-

(i) in sub-clause (1), for the expression “Secretary or any other officer authorised in this behalf by the Board, shall on an application From XV from a registered manual worker”, the expression “Labour Officer ( Social Security Scheme ) of the respective district, shall on an application From XV from a registered manual worker, after due

verification” shall be substituted;

(ii) for sub-clause (2), the following sub-clause shall be substituted, namely:-

“(2) The assistance shall be restricted to 65 registered manual workers per year in each district on “First come – First serve” basis depending upon the applications received.”;

(14) for Form I, the following Form shall be substituted, namely :-

**“FORM – I**  
**[See Clause 9(2)]**  
**APPLICATION FOR REGISTRATION**

To  
The Labour Officer (Social Security Scheme),  
..... district.

Affix  
Passport  
size  
photograph

Registration No.....  
(to be filled in by the Registration Authority)

1. Name of the Worker :
2. Name of the Father/Husband :
3. Date of birth  
(Enclose Xerox Copy of evidence in proof duly attested by a Group A or Group B Officer)\* Day Month Year
4. Marital Status  
(Whether married, unmarried, widow/widower) :
5. Permanent address :
6. Present address :
7. State whether self-employed or employed :
8. If employed, furnish the name and address of the establishment and also the name and address of the employer/contractor :
9. Nature of work :
10. Number of years engaged in the employment as on the date of application :
11. Particulars of the members of the family

Sl. No.	Name	Age	Relationship	Marital status
(1)	(2)	(3)	(4)	(5)

12. (a) Whether the wife/husband is employed ? :
- (b) If so furnish details

13. Nomination for receipt of Natural Death/Accidental Death Assistance :

Name and address ** of the nominee/nominees	Nominee's Relationship with the worker	Age of the nominee	Percentage of amount to paid to each nominee
(1)	(2)	(3)	(4)

\*(i) Birth Certificate or (ii) School Certificate or (iii) Driving Licence or (iv) Ration Card or (v) Voter's identity card or (vi) Certificate from Registered Medical Practitioner not below the rank of Civil Surgeon of a Government Hospital in the prescribed format duly signed by the worker.

\*\* Nominees shall be dependant Family Members.

Signature or left hand thumb impression of the manual worker.  
(Left hand thumb impression to be attested by the Registration Authority)

**DECLARATION BY THE APPLICANT.\*\*\***

I declare that I am not registered as a member in any other Manual Workers Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Signature or left hand thumb impression of the manual worker.  
(Left hand thumb impression to be attested by the Registration Authority)

\*\*\* Any false declaration/ certification will entail legal action.

**CERTIFICATE OF EMPLOYMENT\*\*\*.**

Certified that the particulars furnished by Thiru/Thirumathi/ Selvi....., regarding employment as a manual worker in the application for registration are true to the best of my knowledge and belief.

Place:

Date :

Signature and name of the person /  
Officer issuing the certificate

\*\*\* Any false declaration/ certification will entail legal action

**VERIFICATION CERTIFICATE.**

After due verification it is certified that the particulars furnished in the application and the proof of age are found correct and recommended for registration.

Place:

Date:

Village Administrative Officer /  
Revenue Inspector (for Chennai district)

**Office Note:-**

Application and proof verified. The recommendation of the .....is accepted and the applicant is registered as member of the Tamil Nadu ..... Welfare Board . Application for membership rejected (In case of rejection, reason should be clearly mentioned).

**Labour Officer ( Social Security Scheme )**

---

**ACKNOWLEDGEMENT SLIP.**

Received from Selvi/Thiru/Tmt. ....residing at  
..... application for registration as manual worker in the Tamil  
Nadu ..... Welfare Board.

Office Seal: Labour Officer ( Social Security Scheme  
).....

district with date

Name :

Designation : .”.

---

(15) in Form II,-

- under the heading “SCHEME ASSISTANCES OF THE BOARD”, in serial number 8, against the entry “Pension”, for the expression “300”, the expression “400” shall be substituted;
- under the heading “Details of Scheme Assistance provided to the worker”, in the Table, for the expression “Name of the Beneficiary”, the expression “Name of the person” shall be substituted;
- under the heading “GENERAL INSTRUCTIONS”,-
  - (a) for the expression “Assistant Inspector of Labour”, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;
  - (b) for the expression “Board” occurring in three places, the expression “Labour Officer ( Social Security Scheme ) of the respective district” shall be substituted;

(16) in FORM - VI, for the expression “The Secretary,”, the expression “The Labour Officer (Social Security Scheme ), ..... district.” shall be substituted;

(17) for FORM - VII, the following Form shall be substituted, namely.-

**“FORM – VII**  
**[See Clause 17(3)(b)]**  
**APPLICATION FOR PAYMENT OF COMPENSATION FOR**  
**ACCIDENTAL DEATH/ DISABILITY**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

24. (a) Name of the registered manual worker } :  
(b) Address (in full)  
(on the date of death/ disability) :  
(c) Age :  
(d) Registration number and date of  
initial registration :  
(e) Renewal date :  
(f) Occupation :  
2. (a) Area :  
(b) Place :  
(c) District :  
3. (a) Name of the nominee :  
(b) Relationship with the deceased registered manual worker  
(in the case of accidental death only)  
(c) Age of the nominee :  
(d) Address in full (with PIN)  
4. Whether the claimant is the registered worker  
himself (in the case of accidental  
disability) or the nominee of the  
registered manual worker? :  
5. Date and time of accident :  
6. Place of accident :  
(a) at the work place :  
(b) outside the work place :  
7. Whether intimation regarding accident has been given  
in Form - VI as per clause 17 (3) (a)? :  
8. Whether the accident resulted in death/  
loss of limb/loss of eye sight/partial injury?  
9. In the case of accidental disability, a certificate  
from a Civil Surgeon of the Government  
Hospital indicating the percentage of



disability due to accident with details should be  
obtained and enclosed in original. :

- 10 ( i) Date and time of death (in the case of accidental death) :  
(ii) Attested copy of First Information Report. from the Police  
Station nearer to the place of accident to be enclosed :  
(iii) Post-Mortem Certificate and final  
Investigation Report should be sent in original :

(iv) Death Certificate (attested copy) should be  
enclosed :

Signature/Thumb impression of the registered manual  
worker /  
nominee in case of death.

### **DECLARATION BY THE CLAIMANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for accidental death/disability. I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date : Signature/Thumb impression of the registered manual worker /  
nominee in case of death.

\* Any false declaration/ certification will entail legal action.

---

### **SANCTION**

I hereby sanction, after due verification, for payment of Rs...../- (Rupees ...only) towards accidental death/disability to Selvi/Thiru/Tmt. .... nominee of the deceased manual worker (Registration Number..... ) / registered worker (Registration Number.....) himself.

Place: Labour Officer ( Social Security Scheme )  
Date: .....district.

(Affix Rubber Stamp)

---

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....  
..... application for sanction  
of assistance towards accidental death/disability in respect of deceased registered manual

worker Selvi/Thiru/Tmt. .... (Registration Number .....)/registered  
manual worker Selvi/Thiru/Tmt. ....(Registration Number .....).

Labour Officer ( Social Security Scheme ) .....  
district with date

Office Seal : Name:  
Designation: .”;

---

(18) for Form-VIII, the following Form shall be substituted, namely:-

**“FORM -VIII**  
**[See Clause 18(2)]**  
**APPLICATION FOR PENSION**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

Passport size  
photograph  
duly signed

1. Name of the Applicant : :
2. Address in full (to which pension  
is to be sent) (with PIN code) :
3. Registration number and date :  
(Original identity Card should be enclosed)
4. Age and date of completion of  
60 years of age : :
5. Date of completion of continuous period of  
five years as registered manual worker of the Board : :
6. Whether the registration has been renewed  
regularly without any default? If so,  
details may be furnished : :

Sl. No. (1)	Date of initial registration/ subsequent renewal (2)	Period of validity of registration/renewal	
		From (3)	To (4)

7. Whether in receipt of any other pension?  
If so, furnish complete details : :

Signature/Thumb impression of the  
registered manual worker.

**DECLARATION\***

I hereby certify that the facts mentioned above are true to the best of my knowledge and information. I am not a registered manual worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place: Signature/Thumb impression of the registered manual worker.

Date: Name :

\*Any false declaration/ certification will entail legal action

---

Note : 1. Besides the photograph affixed above, another passport size photograph should be enclosed with the application.

25. Incomplete applications will not be considered.

### **SANCTION**

I hereby sanction, after due verification, a monthly pension of Rs...../-  
(Rupees..... only) with effect from..... The amount shall be  
sent by Money Order.

Place : **Labour Officer ( Social Security Scheme )**

Date : .....district.

---

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....(Address in full) .....  
.....(Registration No. ....)  
application for sanction of pension.

Labour Officer ( Social Security Scheme ) ..... district with date

Name:

Office Seal :

Designation: .”;

(19) for Form-VIII-A, the following Form shall be substituted, namely:-

**“FORM -VIII-A**

**[See Clause 18(2)]**

**APPLICATION FOR DISABILITY PENSION**

To

The Labour Officer ( Social Security Scheme )

..... district.

Passport size  
photograph  
duly signed

1. Name of the applicant :
2. Address in full (to which pension is to be sent) (with PIN code) :
3. Registration number and date :  
(Original identity card should be enclosed)
4. Age and date of completion of 60 years of age :
5. Date of completion of continuous period of five years as registered manual worker of the Board :
6. Whether the registration has been renewed regularly without any default? If so, details may be furnished :

Sl. No.	Date of initial registration/ subsequent renewal	Period of validity of registration/renewal	
		From	To
(1)	(2)	(3)	(4)

7. Whether the applicant has become disabled due to sickness and incapacitated from normal work? (If so, a certificate by a Medical Officer not below the rank of Civil Surgeon of the Government Hospital under his name and seal should be enclosed in original)

8. Whether in receipt of any other pension?

If so, furnish complete details :

registered \_\_\_\_\_ Signature/Thumb impression of the  
manual worker

**DECLARATION\***

I hereby declare that the facts mentioned above are true to the best of my knowledge and information. I am not a registered worker of any other Board. If ultimately it is found that any of the information given by me is false, I agree to refund the entire amount received by me as disability pension besides any other action that may be deemed fit by the appropriate authorities.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place:  
worker

Signature/Thumb impression of the registered manual

Date:

Name :

\* Any false declaration/ certification will entail legal action

---

Note : 1. Besides the photograph affixed above another passport size  
photograph should be enclosed with the application.  
2. Incomplete applications will not be considered.

### **SANCTION**

I hereby sanction, after due verification, a monthly pension of Rs...../- (Rupees..... only ) with effect from..... The amount shall be sent by Money Order.

Office Seal:

Place :

**Labour Officer ( Social Security Scheme )**

**Date :**

.....district.

---

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....(Address in full) .....  
.....(Registration No. ....)  
application for sanction of disability pension.

Labour Officer ( Social Security Scheme ) ..... district with date

Name:

Office Seal :

Designation: .”;

(20) for Form-IX, the following Form shall be substituted, namely:-

**“FORM – IX**  
**[See Clause 19(2) and 20(2)]**

**APPLICATION FOR PAYMENT OF FUNERAL EXPENSES/  
NATURAL DEATH ASSISTANCE**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

- 46. Name of the deceased registered manual worker:
- 47. Address in full (at the time of death):
- 48. Age (on the date of death) :
- 49. Nature of work :
- 50. (a) Registration Number and date of initial registration.  
(Original Identity card should be enclosed).  
(b) Date of last renewal, indicating the  
period upto which renewed
- 6. (a) Place of death  
(b) Date of death  
(c) Cause of death (to be indicated clearly) :  
(Avoid indicating as “Natural Death”)  
(Death Certificate in original shall be enclosed)
- 7. (a) Name of the nominee :  
(b) Age on the nominee (in completed years):  
(c) Address of the nominee in full indicating PIN Code:  
(d) Relationship of the nominee with the deceased  
registered manual worker

Signature/Thumb impression of the nominee of the  
registered manual worker

**DECLARATION OF THE NOMINEE \***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for death/funeral expenses of the deceased manual worker.

I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :

Signature/Thumb impression of the  
nominee of the registered manual worker

\*Any false declaration/ certification will entail legal action

### **CERTIFICATE\***

I hereby certify that the particulars furnished in the application are correct.

Place:

Date:

Members, ..... Tamil Nadu .....

Welfare Board / President/Secretary of the Registered Trade

Union of the Employment concerned/Assistant Inspector  
of Labour concerned /Any other officer permitted to give  
employment certificate.

\* Any false declaration/ certification will entail legal action

---

### **SANCTION**

10. I hereby sanction, after due verification, a sum of Rs.                      /- (Rupees  
only) as assistance to Thiru/Tmt/Selvi. ...., nominee / nominees, for the funeral  
of Thiru/Thirumathi/Selvi ..... a registered manual worker.

2. I hereby sanction, after due verification, a sum of Rs.                      /-(Rupees  
only) as assistance to Thiru/Tmt/Selvi....., nominee/nominees, on the natural death of  
Thiru/Thirumathi/Selvi .....a registered manual worker.

Office Seal:

Place :

**Labour Officer ( Social Security Scheme )**

**Date :**

.....district.

---

### **ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt. ....  
.....claim application for  
sanction of Funeral/Natural death assistance in respect of deceased registered manual worker  
Selvi/Thiru/Tmt. .... (Registration No.                      )

Labour Officer ( Social Security Scheme ).....  
district with date

Name:

Office Seal :

Designation:

.”;

(21) for Form-X, the following Form shall be substituted, namely:-

**FORM-X**

[See Clause 21(3)]

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR PASS IN  
10<sup>TH</sup> STANDARD AND 12<sup>TH</sup> STANDARD EXAMINATION.**

To

The Labour Officer ( Social Security Scheme )

..... district.

1. Name of the registered manual worker.
- 2.(a) Registration Number and date of initial registration.  
(Original Identity card should be enclosed).
- (b) Date of last renewal, indicating the  
period upto which renewed
3. Address (in full) with PIN Code :
4. Details of family members of the registered  
manual worker: -

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought for:-

Sl. No.	Name (Son/Daughter)	Date of Birth	Examination passed	Month and Year of Pass	Name of the School studied
(1)	(2)	(3)	(4)	(5)	(6)

**Note:-** Xerox copy of the Mark Sheet in support of having passed the Examination, duly attested by a Group A or Group B Officer should be enclosed.

6. Number of children for whom the educational assistance has already been availed  
from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing assistance	Amount of assistance (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of the registered manual worker

**DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance. I further declare that I



have not availed similar assistance from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :

impression of

Signature/Thumb

the registered manual worker

\* Any false declaration/ certification will entail legal action .

### **CERTIFICATE\***

I hereby certify that the particulars furnished in the application are correct.

Place:

Date:

Members, ..... Tamil Nadu.....

Welfare Board /

President/Secretary of the Regd. Trade Union of the

Employment concerned/ Assistant Inspector

of Labour concerned /Any other officer permitted  
to give employment certificate.

\* Any false declaration/ certification will entail legal action .

---

### **SANCTION**

I hereby sanction, after due verification a sum of Rs...../- (Rupees ..... only) as educational assistance, in respect of \*Selvan/\*Selvi..... \* son/\*daughter of \*Thiru/Tmt..... registered manual worker (Registration No..... ).

Office Seal:

Place:

Labour Officer ( Social Security Scheme ) .....district

Date :

\* Strikeout whichever is not applicable

---

### **ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt./ Selvi/ ..... (Registration No.....) claim application for sanction of educational assistance .

Labour Officer ( Social Security Scheme )

..... district with date

Name:

Office Seal :

Designation:

.”;

(22) for Form-XI, the following Form shall be substituted, namely:-

**“FORM-XI**  
**[See Clause 21(3)]**  
**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR GIRL CHILDREN**  
**STUDYING**  
**IN 10<sup>TH</sup> STANDARD/ 11<sup>TH</sup> STANDARD / 12<sup>TH</sup> STANDARD.**

To  
The Labour Officer ( Social Security Scheme  
..... district.

19. Name of the registered manual worker.
20. (a) Registration Number and date of initial registration  
(Original identity card should be enclosed).
- (b) Date of last renewal, indicating the  
period upto which renewed
3. Address (in full) with PIN Code :
4. Details of family members of the registered manual  
worker :

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the daughter for whom Educational Assistance is sought for:-

Sl. No.	Name	Date of Birth	Standard in which studying (Std. 10 <sup>th</sup> /11 <sup>th</sup> / 12 <sup>th</sup> )	Year of Study (indicate the academic year)	Name of the school with full address
(1)	(2)	(3)	(4)	(5)	(6)

**Note:-** Certificate from the Head Master/Principal of the School to the effect that the daughter of the registered manual worker is studying the course, should be enclosed.

6. Number of children for whom the assistance has already been availed from the Board:

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Year of availing the assistance	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

Signature/Thumb impression of  
the registered manual worker.

**DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I

hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date : Signature/Thumb impression of the registered manual worker.

\*Any false declaration/ certification will entail legal action .

### **CERTIFICATE\***

I hereby certify that the particulars furnished in the application are correct.

Place:

Date: Members, ..... Tamil Nadu .....  
Welfare Board /  
President/Secretary of the Registered. Trade Union  
of the Employment concerned/ / Assistant

Inspector

of Labour concerned /Any other officer permitted  
to give employment certificate.

\* Any false declaration/ certification will entail legal action ..

---

### **SANCTION**

I hereby sanction, after due verification, a sum of Rs...../- (Rupees.....only) to the claimant as educational assistance, in respect of Selvi..... daughter of Thiru/Tmt..... registered manual worker (Registration No.....).

**Office Seal:**

**Place**

**Labour Officer ( Social Security Scheme ) .....district**

**Date**

---

### **ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. .... registered manual worker  
(Registration No.....), claim application for sanction of educational assistance.

Labour Officer ( Social Security Scheme ) ..... district with date  
Name:

Office Seal :

Designation: .”;

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(23) for Form-XII, the following Form shall be substituted, namely:-

**“FORM-XII**  
**[See Clause 21(3)]**

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR HIGHER EDUCATION**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

19. Name of the registered manual worker.  
20. a) Registration Number and date of initial registration  
(Original identity card should be enclosed).  
b) Date of last renewal, indicating the  
period upto which renewed  
3. Address (in full) with PIN Code :  
4. Details of family members of the registered  
manual worker :

Sl. No.	Name	Relationship with the registered manual worker	Age
(1)	(2)	(3)	(4)

5. Details of the son or daughter for whom educational assistance is sought :-

Sl. No.	Name	Date of Birth	Name of the course studying	Duration of the course	Name of the College/Institution with address in full
(1)	(2)	(3)	(4)	(5)	(6)

**Note:** - Certificate from the Principal of the College/Educational institution to the effect that the son or daughter of the registered manual worker is studying the course indicating whether a day scholar or hosteller should be enclosed in original.

6. Number of children for whom the educational assistance has already been availed from the Board

Sl. No.	Name	Son/Daughter	Course for which assistance availed	Years of availing assistance Rs.	Amount of assistance
(1)	(2)	(3)	(4)	(5)	(6)

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Signature/ Thumb impression of the registered manual worker.

**DECLARATION BY THE APPLICANT.\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance.

I also hereby declare that I have not received similar benefit by claim from any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date

Signature/Thumb impression of the registered manual worker.

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\* Any false declaration/ certification will entail legal action .

**CERTIFICATE\***

I hereby certify that the above particulars are correct.

Place:

Date:

Nadu.....

Members, ..... Tamil

Welfare Board /

President/Secretary of the Registered. Trade

Union

of the Employment concerned/ / Assistant

Inspector

of Labour concerned /Any other officer permitted to give employment certificate.

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\*Any false declaration/ certification will entail legal action ..

**SANCTION**

I hereby sanction, after due verification, a sum of Rs...../- (Rupees .....only) towards educational assistance in respect of \*Selvi/\*Selvan .....(\*son /\*daughter) of \*Thiru/\*Tmt..... registered manual worker (Registration number.....).

Place:

**Labour Officer, ( Social Security Scheme )**  
..... district

Date

\* Strikeout whichever is not applicable

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**ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. .... registered manual worker (Registration No. .... ) claim application for sanction of educational assistance.

Labour Officer ( Social Security Scheme ) .....  
district with date

Name:

Office Seal :

Designation:

.”;

(24) for Form-XIII, the following Form shall be substituted, namely:-

**“FORM – XIII**  
**[See Clause 22(4)]**

**APPLICATION FOR PAYMENT OF MARRIAGE ASSISTANCE**

To

The Labour Officer ( Social Security Scheme )

.....district.

(19) Name of the registered manual worker.

(20) Registration Number and date of initial registration  
(Original identity card should be enclosed).

3. Address in full with PIN Code:

4. (a)Particulars of the members of the family of the registered  
manual worker :

<u>Sl No.</u>	<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Marital Status</u>
(1)	(2)	(3)	(4)	(5)

(b) (i) Name of the person for whose marriage the assistance is sought for

(ii) Relationship to the registered manual worker:

(iii) Age in completed years on the date of marriage:

(c) Names of the couple: (i) Bride

(ii) Groom

(d) Date and venue of the marriage

(Marriage invitation to be enclosed in original) :

(e) Has the marriage assistance been availed earlier from the Board?

If so, furnish details:

Signature/Thumb impression of the  
registered manual worker.

### **DECLARATION BY THE APPLICANT\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance for the marriage of self/daughter/son.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date :  
the

Signature/Thumb impression of

registered manual worker.

\*Any false declaration/ certification will entail legal action ..

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### **CERTIFICATE\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date:

Nadu.....

Members, ..... Tamil

Welfare Board/

President/Secretary of the Regd. Trade Union of  
Employment concerned// Assistant

the

Inspector

of Labour concerned /Any other officer permitted  
to give employment certificate.

\*Any false declaration/ certification will entail legal action ..

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### **SANCTION**

I hereby sanction, after due verification, a sum of Rs...../- (Rupees ..... only)  
towards marriage assistance of the son / daughter / self of Thiru/Tmt....., registered  
manual worker of the Board (Registration number.....)

**Labour Officer ( Social Security Scheme )**

..... district.

### **ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt. ....(Registration No. .... )  
.....claim application for  
sanction of marriage assistance.

**Labour Officer ( Social Security Scheme )..... district  
with date**

Name:

Office Seal :

Designation:

.”;

(25) for Form-XIV, the following Form shall be substituted, namely:-

**“FORM – XIV**

**[See clause 23(3)]**

**APPLICATION FOR PAYMENT OF MATERNITY ASSISTANCE  
FOR PREGNANCY OR MISCARRIAGE OR TERMINATION OF PREGNANCY BY  
A REGISTERED FEMALE MANUAL WORKER**

To

**Labour Officer ( Social Security Scheme )**

.....district

19. Name of the registered female manual worker :
20. (a) Registration Number and date of initial registration  
(Original Identity card should be enclosed).
- (b) Date of last renewal indicating the  
period upto which renewed
3. Address (in full) with PIN Code :
4. Particulars of surviving son/daughter of the registered  
female manual worker:

Sl. No.	Name	Sex	Date of Birth	Age
(1)	(2)	(3)	(4)	(5)

5. Month of Pregnancy\* on the date of claim application:

\*(Certificate from the Civil Assistant Surgeon of the Government Hospital in support of this should be enclosed in original)

6. Whether the claim is for pregnancy or miscarriage of  
pregnancy or termination of pregnancy?  
If so details may be furnished. (Certificate  
from the Civil Assistant Surgeon of the Government  
Hospital to this effect should be obtained  
and sent in original)
7. Whether the assistance has already been  
availed by the registered female manual worker?  
If so, details may be furnished:

Signature/Thumb impression

of the

registered manual worker.

**DECLARATION BY THE APPLICANT\***



I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full, the amount received as assistance.

I also hereby declare that I have not received similar benefits by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :  
the

Signature/Thumb impression of

registered female manual worker.

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\*Any false declaration/ certification will entail legal action ..

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**Note.-** (i) The Birth Certificate from the Registrar of Births of the area concerned should be obtained and sent in original for release of the assistance after the date of delivery.

(ii) In the event of untoward demise of the registered female manual worker after the 7<sup>th</sup> month of pregnancy either before delivery or three months after delivery, the fact should be reported to the Medical Officer of Primary Health Centre concerned and for Chennai district to the Health Officer concerned, immediately along with the Death Certificate in original, for sanction of Funeral Expenses (or) Natural death assistance as admissible under the Scheme.

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#### **CERTIFICATE\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date:

Members, ..... Tamil Nadu.....

Welfare Board/

President/Secretary of the Regd. Trade Union of the

Employment concerned// Assistant Inspector

of Labour concerned /Any other officer permitted  
to give employment certificate.

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\*Any false declaration/ certification will entail legal action ..

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#### **SANCTION**

I hereby sanction, after due verification, for the payment of assistance of Rs...../- (Rupees..... only) to Tmt.....registered female manual worker (Registration No.....) \*at the time of seventh month of pregnancy / \*on delivery of child / \*for miscarriage of pregnancy /\* termination of pregnancy (\* Strike out whichever is not applicable).

Office Seal:

Labour Officer (Social Security  
Scheme).....district

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#### **ACKNOWLEDGEMENT SLIP**

Received from Tmt. .... registered female manual worker (Registration Number.....) claim application for sanction of maternity assistance for \*pregnancy/\*miscarriage of pregnancy /\*termination of pregnancy in respect of the registered female manual worker .

\* Strikeout whichever is not applicable

Labour Officer (Social Security Scheme)  
.....district

Office Seal : Name:  
Designation: .”;

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(26) for Form-XV, the following Form shall be substituted, namely :-

**“FORM – XV**

**[See Clause 24(3)]**

**APPLICATION FOR REIMBURSEMENT OF COST ON  
PURCHASE OF SPECTACLES BY THE REGISTERED MANUAL WORKER**

To

The Labour Officer(Social Security Scheme)

..... district.

- 1.Name of the registered manual worker.
- 2.(a) Registration Number and date of initial registration.  
(Original identity card should be enclosed).  
(b) Date of last renewal indicating the  
period upto which renewed
3. Address in full with PIN code:
4. Date of purchase of spectacles and its actual cost :
5. Whether certificate issued by a registered  
Ophthalmist is enclosed in original? :
6. Whether cash bill is enclosed in original? :

Signature/Thumb impression of the  
registered manual worker.

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**DECLARATION BY THE APPLICANT\***

(i) I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount reimbursed towards purchase of spectacles for myself.

(ii) I also hereby declare that I have not received similar benefit by claim in any other Welfare Board or Boards constituted by the Government of Tamil Nadu or under any other Government schemes.

Place :

Date :

Signature/Thumb impression of the  
registered manual worker.

\*Any false declaration/ certification will entail legal action .

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**CERTIFICATE\***

I hereby certify that the particulars furnished in the application form are correct.

Place:

Date: Member ..... Tamil Nadu.....

Welfare Board

President/Secretary of the Registered Trade Union of the  
Employment/ Assistant Inspector of Labour concerned

/Any

other officer permitted to give employment certificate.

\*Any false declaration/ certification will entail legal action .

### **SANCTION**

I hereby sanction, after due verification, the reimbursement of a sum of Rs...../(Rupees  
..... only) to Selvi/Thiru/Tmt....., towards the actual cost on purchase  
of spectacles for himself/herself.

Office Seal:

The Labour Officer(Social Security Scheme)  
..... district

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### **ACKNOWLEDGEMENT SLIP**

Received from Thiru/Tmt./ Selvi ..... registered manual worker  
(Registration No.....) application for reimbursement of cost on purchase of spectacles  
for himself/herself.

The Labour Officer(Social Security Scheme)  
..... district .....with

date

Office Seal :

Name:

Designation: .”.

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Sd/xxxx  
T.PRABHAKARA RAO,  
PRINCIPAL SECRETARY TO GOVERNMENT.

// TRUE COPY //

SECTION OFFICER

