

Government of Jammu And Kashmir

Jammu And Kashmir Building and Other

Constructions Workers Welfare Board

SRO:- 373

dated:-12th Of November 2012

**Rules with regard to implementation of
welfare Schemes of the Board.**

&

**Circular of brief guidelines for
implementation of the schemes**

Government of Jammu and Kashmir
Office of the Chief Executive Officer/Secretary
J&K Building and other Construction Workers Welfare Board,
H.NO.331, Indra Colony Lakar Mandi Road, near Dream Land School,
P.O Janipur Jammu Pin Code-180007.

Assistant Labour Commissioner

No: CEO/J&K/BCB/012/2113-40

Dated: - 14.11.2012

Sub: - Rules and brief guidelines (Circular) for smooth implementation of social security schemes launched by J&K building and other construction workers welfare board.

Sir,

Kindly find one copy along with format issued by Government vide SRO No. 373 dated 12.11.2012 alongwith Guidelines in shape of SRO for smooth implementation of Schemes launched by J&K building and other construction workers welfare board and registration of construction workers under Building and Other Construction Workers (RE&CS) Act 1996 and Rule made thereon.

You are as such requested to adhere to the rules and Guidelines besides making verification in each case of registration / payments on account of benefit.

Yours faithfully,


CEO/Secretary,

J&K Building and Other Construction,
Workers Welfare Board.

Copy to:-

1. Commissioner/Secretary Labour & Employment J&K Govt. Civil Secretariat, Jammu for information please.
2. Labour Commissioner J&K Government.
3. Deputy Labour Commissioner Kashmir/Jammu.
4. Special Assistant to Hon'ble Minister for Labour & Employment Civil Secretariat Jammu for information to Hon'ble Minister.

Government of Jammu and Kashmir
Labour & Employment Department

NOTIFICATION
JAMMU, 12th NOV, 2012.

SRO 373 :- In exercise of the powers conferred by section 62 of the Building and Other Construction Workers (RE&CS) Act 1996 (Central Act 27 of 1996) the Government of Jammu and Kashmir hereby makes the following amendments in the Jammu and Kashmir Building & Other Construction Workers (Regulation of Employment and Condition of Services) Rules, 2006; namely:

After rule 22 the following Chapter shall be inserted:-

"Chapter III-A

22-A. Term of Chairperson and the Members:-

The term of office of the Chairperson and the members of the Board other than the official members shall be three years from the date of their appointment;

Provided that the members may continue in office till their successors are appointed;

Provided further that in no case the members can continue in the office beyond the period of four years from the date of their appointment.

22-B. Filling up of casual vacancies:-

A member nominated to fill a casual vacancy shall hold office for the remaining period of the term of office of the member in whose place he is nominated.

22-C. Meeting of the Board:-

The Board shall ordinarily meet once in two months. The Chairperson shall, within fifteen days of the receipt of a requisition in writing from the Secretary, call a meeting thereof.

22-D. Notice of meeting and list of business:- Notice intimating the date time and venue of every meeting together with a list of business to be transacted at the meeting shall be sent by registered post or by special messenger, to each member at least fifteen days prior to the meeting of the Board:

Provided that when the Chairperson calls a meeting for considering any matter which in his opinion is urgent, notice of not less than three days in advance shall be deemed sufficient.

22-E. Quorum for the meeting:-

No business shall be transacted at any meeting of the Board unless, at least, six members are present.

22-F. Absence of any member from the State:-

If any member leaves the State for a period exceeding six months without intimation to the Chairperson, he shall be deemed to have resigned from the Board and he shall cease to be a member on the expiry of the said period of six months.

22-G. Transaction of business:-

Every question considered at a meeting of the Board shall be decided by a majority of the votes of the members present and voting and in the event of tie, the Chairperson shall have a right to exercise his vote which shall be a casting vote.

22-H. Minutes of the meetings:-

Every decision taken in a meeting of the Board shall be recorded and the decisions taken shall be issued in the shape of minutes by the Secretary after confirmation of the Board.

22-I. Fees and Allowances:-

- (1) Every non-official member of the Board shall be paid a sitting fee of rupees one thousand and travel allowance at the rate of rupees one thousand per day subject to a maximum of three days.
- (2) The Chairperson shall be paid a sitting fee of rupees one thousand for attending the meetings.

22-J. Appointment and constitution of sub-committees:-

- (1) The Board may appoint as many sub-committees, as it may deem fit for the proper discharge of its duties and every non-official member of such sub-committees shall be allowed travelling allowance and daily allowance for attending the meeting of the sub-committee at such rates as are admissible to a Deputy Secretary of the State Government.
- (2) The sub-committee(s) shall consist of the following persons, namely:-
 - (a) the Chairperson of the Board;
 - (b) one member representing the employers;
 - (c) one member representing the building and other construction workers;
 - (d) two members, not below the rank of a Deputy Secretary, to represent the Government.
- (3) The Chairperson of the Board or an independent member as may be nominated by him shall be the Chairperson of the sub-committee(s) also and in the absence of Chairperson the members present shall elect one amongst them to preside over the meeting.
- (4) No business shall be transacted in the meeting of a sub-committee unless at least three members of the committee are present of whom one shall be from the members representing employers and another one shall be from the members representing the building and other construction workers.
- (5) The term of the sub-committee shall be one year from the date of its constitution.
- (6) The recommendation of the sub-committee shall be placed before the Board for its decision.

22-K. Information to the Government:- The Board shall furnish information to Government on such matters as the Government may refer to it, from time to time.

22-L. Appointment of Secretary and other Officers:-



An officer not below the rank of Special Secretary to the State Government from in-service officers or a an officer who has retired at the level of Secretary to Government may be appointed as Secretary of the Board and an officer not below the rank of Under Secretary to the State Government may be appointed in the Board at District level in addition to other staff provided to the Board from the Government departments and appointed by the Board.

22-M. Documents required for registration:-

Every building and other construction worker who is eligible to become a beneficiary and who is not a beneficiary of Building and Other Construction Workers Welfare Board in any other State of India shall submit an application in the form-XXXI to the Registering Officer notified by the Government from time to time in this behalf, and every such application shall be accompanied by a registration fee of rupees ten and accompanied by the documents:-

- (1) Any one of the following documents as proof of age:-
 - (i) School records.
 - (ii) Certificate from the Registrar of Births and Deaths.
 - (iii) Certificate from the register of births & deaths maintained by village Chowkidar.
- (2) In absence of the above certificates, he may produce a certificate from a Medical Officer not below the rank of an Assistant Surgeon in a Government hospital.
- (3) Certificate from his employer/contractor (registered under the Act), that he is a construction worker. In case of non availability of such certificate a certificate issued by the registered construction workers unions or by Labour Officer or Labour Inspector having the jurisdiction of the area or Sarpanch/Councillors looking after the developmental activities of the area or a certificate issued by any Officer of the executing agency where construction worker has worked may also be considered.
- (4) The Secretary of the Board shall enter all the forms on the register in form XXVII.
- (5) The Secretary shall maintain a register of all the beneficiaries in form XXVIII.

22-N. Contribution to the Fund:-

Every beneficiary shall contribute to the Fund rupees ten in cash per mensem, against proper receipt with the Registering Officer. The beneficiary shall be at liberty to deposit such amount on quarterly/ half yearly or annual basis in advance.

22-O. Maternity Benefit:-

The women beneficiaries shall be given rupees five thousand each as maternity benefit during the period of maternity, on an application made by her in Form-XXXII with such other documents as may be specified by the Board. This benefit shall be allowed twice only.

An Officer authorised by the Board, on detection of any fraud or wrong payment, may start proceedings of recovery of the amount paid as if these were arrears of land revenue.



22-P. Payment of Funeral Assistance:-

An Officer authorised by the Board in this behalf may issue the order sanctioning an amount of rupees five thousands to the nominee/dependent of a deceased beneficiary towards funeral expenses, on an application made in Form-XXXIII.

An Officer authorised by the Board, on detection of any fraud or wrong payment may start proceedings of recovery of the amount paid as if these were arrears of land revenue.

22-Q. Payment of Death Benefit:-

The Board may sanction an amount of rupees one lakh to the nominee/dependents, as the case may be, of the beneficiary on account of his death.

The Officer authorised by the Board, on detection of any fraud or wrong payment, may start proceedings of recovery of the amount paid as if these were arrears of land revenue.

22-R. Application for Death Benefit:-

- (1) A nominee/dependents entitled to death benefit shall submit to the Secretary an application in form -XXXIV for grant of death benefit.
- (2) A Certificate regarding the death/accidental death issued by a Government doctor not below the rank of a Block Medical Officer or death certificate from incharge of Police Station having the jurisdiction of the area shall be produced along with the application and other documents like legal heirs, dependency etc, for grant of death benefit.
- (3) The Officer authorized by the Board in this behalf may on receipt of the application conduct an enquiry with regard to entitlement of the applicant.
- (4) The Officer authorised by the Board may accept or reject the application for death benefit however no action of rejection shall be taken without giving to the applicant a reasonable opportunity of being heard.
- (5) A person aggrieved by a decision taken under sub-rule (4) may file an appeal before the Board within sixty days from the date of receipt of the order and the decision of the Board thereon shall be final.
- (6) The Officer authorized by the Board shall maintain a register for this purpose in the prescribed format.
- (7) The Officer authorised by the Board, on detection of any fraud or wrong payment, may start proceedings of recovery of the amount paid as if these were arrears of land revenue.

22-S. Medical Assistance to beneficiaries:-

- (1) The Board may sanction financial assistance of rupees five thousand to the beneficiaries who are unable to do any work due to ailment or accident if the recovery period extends upto one month.
- (2) The financial assistance of rupees ten thousand may be given to the beneficiary if he met with an accident and put in plaster or fell ill and the recovery period extends upto three months. However no benefit



shall be sanctioned in this behalf after two years from the date of injury.

- (3) Financial assistance of rupees seventy five thousand may be sanctioned by the Board to a beneficiary for his permanent disablement caused due to accident or any disease after his registration as a beneficiary.
- (4) The application for grant of medical assistance shall be submitted to the Secretary in form-XXXV alongwith such other documents as may be specified by the Board.
- (5) The Officer authorised by the Board, on detection of any fraud or wrong payment, may start proceedings of recovery of the amount paid as if these were arrears of land revenue.

22-T. **Financial Assistance for education:**

- (1) The Children of the beneficiary shall be entitled to financial assistance by the Board in the shape of scholarship categorised as per the following scale per academic year:-

(i)	Class 1 st to 5 th	Rs. 2500-00
(ii)	Class 6 th to 8 th	Rs. 3500-00
(iii)	Class 9 th to 10 th	Rs. 4500-00
(iv)	Class 11 th to 12 th	Rs. 6000-00
(v)	B.A, B.Sc, B.Com, BBA, BCA Or any other recognised degree course	Rs. 10000-00
(vi)	ITI Course	Rs. 10000-00
(vii)	Paramedical Courses	Rs. 10000-00
(viii)	M.A., M.Sc., LLB, B.Ed., LLM, M.Com., M.Lib, MBA, MCA. Or any other recognised PG course.	Rs. 15000-00
(ix)	Three Years Engineering or any other Recognised Diploma Course	Rs. 30000-00
(x)	M.B.B.S, B.E, B.Tech., M.Tech., B.D.S. B.V.Sc, M.S, M.D or any other Technical or Medical degree or PG courses	Rs. 50000-00

- (2) The financial assistance shall also be given to the dependent brothers/ sisters of the beneficiary.
- (3) The financial assistance on account of education shall be available to the regular students, however in case of the students pursuing the study through distance mode from IGNOU, Jammu University, Kashmir University also the financial assistance may be extended on case to case basis.




- (4) The financial assistance in this behalf shall be restricted to two children/dependents of the beneficiary irrespective of the Class/Course in a particular academic year.
- (5) An application for grant of financial assistance under this rule shall be submitted to the Officer authorised by the Board in this behalf in Form No. XXXVI & XXXVII respectively upto 12th standard and higher education respectively.
- (6) The Officer authorised by the Board, on detection of any fraud or wrong payment, may start proceedings of recovery of the amount paid as if these were arrears of land revenue.

22-U. Financial Assistance for Marriage:

- (1) The beneficiary shall be entitled to financial assistance of rupees twenty five thousand by the Board for the marriage of his children.
- (2) A beneficiary would be entitled to this assistance for his own marriage also.
- (3) The financial assistance on account of marriage shall be restricted to three members of the family of the beneficiary including his dependent unmarried brothers and sisters.
Explanation. - "Family" means the husband, wife, son(s) and daughter(s) of the beneficiary and also includes his parents or brother(s) or sister(s) which are solely dependent upon him.
- (4) An application in Form No. XXXVIII duly authenticated by the appropriate authority/ person in this regard shall be submitted along with proof of marriage to the Officer authorised by the Board in this behalf.
- (5) The Officer authorised by the Board, on detection of any fraud or wrong payment, may start proceedings of recovery of the amount paid as if these were arrears of land revenue.

22-V. Financial Assistance for treatment of Chronic diseases:

- (1) The Board may provide financial assistance upto a maximum limit of rupees one lakh to the beneficiary and or his dependent family members in a financial year suffering from life consuming diseases like Cancer and other specified life consuming diseases notified by the Government from time to time.
- (2) The financial assistance of rupees one lakh or actual expenditure whichever is less incurred on treatment during hospitalisation or post hospitalisation period, as may be necessary, for survival of the patient shall be sanctioned.
- (3) An application in Form No. XL duly authenticated by the appropriate authority/ person in this regard shall be submitted along with proof of ailment to the Officer authorised by the Board in this behalf.
- (4) The Officer authorised by the Board, on detection of any fraud or wrong payment, may start proceedings of recovery of the amount paid as if these were arrears of land revenue.
- (5) The Officer authorised by the Board shall maintain a register of all the applications received for benefits under the scheme in a register in form XXIX and shall enter all the benefits given to a beneficiary in a register in form XXX.

Handwritten signature and initials in the left margin of the page.

22-W. Recovery of advances and loans:-

The Board may stipulate the conditions for recovery of loan and advances.

22-X. Refund of the contribution of deceased member:-

On the death of a beneficiary the amount of contribution standing to his credit shall be paid by the Board to his nominee and in the absence of a nominee the amount shall be paid to his legal heirs in equal shares.

22-Y. Accounts:-

The Board shall submit an audited annual statement of accounts to the Government on 15th day of March every year or on such other date as the Government may specify.

22-Z. Investment of amount:-

The money which is not likely to be disbursed to the beneficiary in a short period shall be invested on term deposit basis by the Board in the Nationalised Bank in such a form which may fetch maximum rate of interest.

22-Z1. Submission of Annual Report:-

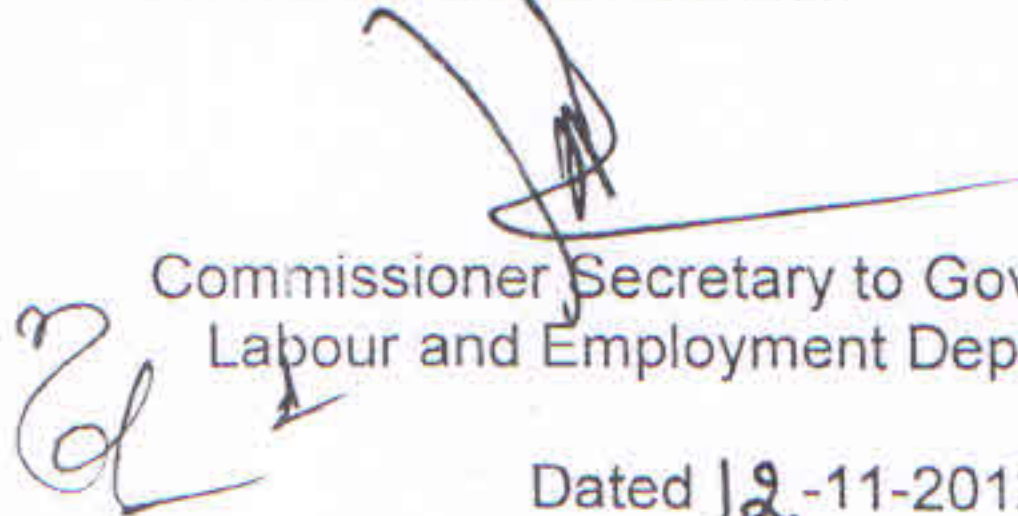
The Board shall submit its annual report to the State Government and the Central Government before 31st day of July every year.

22-Z2. Copies of the registers and reports to be furnished:-

The Secretary of the Board shall furnish copies of the registers and annual report of the fund to any employer or member of the fund on written application and on payment of such fees as may be specified by the Board in this behalf with the approval of the Government."

After Form XXVI, the Forms annexed to this notification shall be added as Forms XXVII to XXXIX.

By order of the Government of Jammu and Kashmir.


Commissioner Secretary to Government,
Labour and Employment Department

No. L&E/Lab/C/124-1995

Dated 12-11-2012

1. Secretary to Government of India, Ministry of Labour and Employment Shram Shakti Bhawan New Delhi.
2. Principal Secretary/Commissioner/Secretary to Govt _____
3. Principal Secretary to Hon'ble Chief Minister.
4. Secretary to Government, Law Justice, and Parliamentary Affairs Department.
5. Deputy Commissioner _____
6. Labour Commissioner J&K Jammu
7. Heads of Departments (All HODs)
8. Managing Directors of PSUs (all)

9. Chief Executive Officer/Secretary J&K Building and other Construction workers Welfare Board ,Jammu
10. General Manager, Government Press Jammu for publication of the notification in the next issue of Government Gazette.
11. Additional Secretary/Ppl. Private Secretary to Chief Secretary for information of the Chief Secretary.
12. Additional Secretary/Ppl. Private Secretary to Chief Minister for information of the HCM.
13. Special Assistant to Hon'ble Minister for _____ information of Hon'ble Minister
14. Special Assistant to Hon'ble Minister of State for _____ information of Hon'ble Minister of State.
15. Private Secretary to Commissioner/Secretary Labour and Employment.

FORM NO. XXVII

JAMMU & KASHMIR BUILDING & OTHER CONSTRUCTION WORKERS WELFARE BOARD

REGISTERED CONSTRUCTION WORKERS REGISTER Of Distt

Registration Identity Card No.				Photograph
Name		Registration No.		
Parentage		Date		
Residential Address			Age as on 01-01-20.....	
Village	Mohalla	Town	District	
Identification Mark		Contact No.		
Nature of Work		Branch		
Account No.	<input type="text"/>			

Details of the Family Members

Strength of family	Male	Female	Total	
S.No.	Name	Age	Married/Un-Married	Relation with H/F Worker
1				
2				
3				
4				
5				
6				
7				
8				

Detail of education assistance received

S.No.	Name of Student	Class in which reading	Date of receipt	Seal & Signature of paying authority
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Detail of benefits received other than education assistance

S.No.	Name of benefit	Amount received	Date of receipt	Seal & Signature of paying authority
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Details of monthly contribution

S.No.	Monthly Contribution paid for the period	Period for which monthly contribution paid	Receipt No.	Date	Amount (in Rs.)
1					
2					
3					
4					
5					
6					
7					
8					
9					



FORM NO. XXIX

Jammu & Kashmir Building and Other Construction Workers Welfare Board.

Application Receipt Register for Registration of District _____ for the year _____

S. No	Date of Receipt Of Application	Name Of Applicant	Detail of fee & Contribution Received				Name of the Beneficiary	Date of Disposal	Status of Application		Sign of Authorized Signatory	Remarks
			(a) Receipt No.	(B) Regd. Fee	(C) Monthly Contribution	Total (B+C)			Accepted	Rejected		
1	2	3	4	5	6	7	8	9	10	11	12	13

FORM NO. XXX

Jammu & Kashmir Building and Other Construction Workers Welfare Board.

Payment Register of Beneficiaries of District _____ for the year _____

S. No	Name of Registered Construction Worker	Parentage	Address	Regd. No.	Date Of registration	Trade i.e. Labourer, Mason, Carpenter, plumber, electrician etc	Name Of Beneficiary	Relation With Regd. Const. Worker	Kind Of Assistance	Amount of Assistance	Account no. of Regd. Const. Worker	Name Of the Bank And Branch	Cheque/ Invoice No.	Sign. Of the Authorized Officer	Remarks



Name of the Bank _____

Form XXXI

Account No. _____

APPLICATION FOR REGISTRATION

Affix
Passport
size
photograph

To

Assistant Labour Commissioner (Registration Officer).
..... 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 : Day Month Year
(Enclose Xerox copy of evidence in proof duly
attested by any Gazetted Officer)
4. Martial 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	Educational Qualification
(1)	(2)	(3)	(4)	(5)	(6)

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

Mobile No: _____

Phone No: _____

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 Jammu and Kashmir or under any other Board of any state under the scheme.

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 with the signature manual worker.

** Any false declaration/certification will entail legal action / Cancellation of Registration

CERTIFICATE OF EMPLOYMENT

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

Place:

Signature and name of the person/

Date:

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 are found correct and recommended for registration.

Place:

Labour Inspector/Labour Officer/Assistant Labour Commissioner,

Date:

(For _____ District)

Office Note:-

Application and proof verified.

The recommendation of the..... is accepted and the applicant is registered as member of the J&K Building and Other Construction Workers Welfare Board.

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

Assistant Labour Commissioner (Registration Officer),
..... district.

ACKNOWLEDGMENT SLIP

Received from Sh./Smt..... residing at application as manual worker in the J&K Building and Other Construction Workers Welfare Board.

Office Seal:

Assistant Labour Commissioner,

Name:

Designation:



Name of the Bank _____

Form No. XXXII

Account No. _____

**APPLICATION FOR PAYMENT OF MATERNITY ASSISTANCE BY A REGISTERED
WOMEN MANUAL WORKER**

To

Assistant Labour Commissioner (Registration Officer),

..... 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. 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 made for the Ist OR IInd time?
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. :

Mobile No: _____

Signature of the registered woman manual worker

Phone No: _____



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 Jammu and Kashmir or under any other Government's Schemes of any other State in India.

Place:

Date:

Signature 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:

Member, J&K 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.

RECOMMENDATION

I hereby recommend, after due verification for the payment of assistance of Rs...../- (Rupees..... only)Sh./Smt.....(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).

Place:

Date:

Assistant Labour Commissioner,

..... district.

ACKNOWLEDGMENT SLIP

Received from Sh./Smt..... 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.

Office Seal:

Assistant Labour Commissioner,

..... district

Name:

Designation:



Name of the Bank _____

Account No. _____

Form NO.XXXIII

APPLICATION FOR GRANT OF FUNERAL EXPENSES

To

Assistant Labour Commissioner (Registration Officer),

..... 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 :

Mobile No: _____

Phone No: _____

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 Jammu and Kashmir or under any other Government's Schemes of any other State in India.

Place:

Date:

Signature of the nominee
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:

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

Date:

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

RECOMMENDATION

1. I hereby recommend after due verification a sum of Rs...../-
(Rupees..... only) as assistance to Sh./Smt.....
nominee/nominees. for the funeral of Sh./Smt..... a registered
manual worker.

Place:

Assistant Labour Commissioner,

Date:

..... district.

ACKNOWLEDGMENT SLIP

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

Assistant Labour Commissioner,

..... district

Name:

Office Seal:

Designation:



Name of the Bank _____

Form No. XXXIV

Account No. _____

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

To

Assistant Labour Commissioner (Registration Officer)

..... 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) Village/Mohalla
(b) H. No.
(c) Tehsil
(d) District
3. (a) Name of the nominee
(b) Relationship with the deceased worker
(in the case of Accidental Death/Natural Death)
(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 Accidental/Natural Death
6. Place of Accidental/Natural Death
7. Whether intimation regarding accident has been given
in Form B ?
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
Natural 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 (in case of
Accidental Death)
- (iv) Death Certificate (attested copy) should be enclosed

Mobile No: _____

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

Phone No: _____

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 natural 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 Jammu and Kashmir or under any other Government's Schemes of any state within territory of India.

Place :

Date:

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

** Any false declaration/certification will entail action.

RECOMMENDATION OF A.L.C.

I hereby recommend, after due verification, a sum of Rs.
(Rupeesonly) as assistance to Sh. Smt.
Nominee registered manual worker for the accident as death disability of Sh.
Smt. a registered manual worker.

Place:

Date:

Assistant Labour Commissioner,
..... District.

ACKNOWLEDGMENT SLIP

Received from Sh. Smt. application for
sanction of assistance towards accidental death disability in respect of deceased registered manual
worker Sh. Smt. (Registration Number)
registered manual worker Sh. Smt. (Registration Number).

Assistant Labour Commissioner,
..... district.

Office Seal:

Name:
Designation

Form No. XXXV

Application form for Injury and illness

The Assistant Labour Commissioner,

..... district.

1. Name of the registered manual worker Parentage/address with PIN CODE.	Name	
	Parentage	
	Address	
2. Registration Number and date of initial registration.		
3. Name of the Bank with Bank Account No. (16-Digit only)		
4. Mobile No.		
5. Nature of Injury / illness		
6. Name of the Hospital/Nursing Home with complete address and phone number.		
7. Period of the Hospital/Nursing Home with complete address and phone number.		
8. Period of stay in the hospital. Discharge certificate from hospital should be enclosed.	From	to
9. Whether the applicant is referred from Govt. Hospital	Yes _____ No _____ (Please tick mark)	
10. If yes, the certificate from Govt. Hospital for referral should be enclosed.	Yes _____ No _____ (Please tick mark)	
11. Hospital charges	Rs.	
12. Expenditures on medicines. The original vouchers duly attested by the H.O.D of the concerned department should be enclosed.	Rs.	
13. Expenditures on different tests. The original vouchers duly attested by the H.O.D of the concerned department should be enclosed.	Rs.	
14. Whether the applicant has sought any assistance for sale disease from the J&K BOCWWB, if yes furnish details		
Mobile No: Phone No:	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 information given above is ultimately found to be false, I will refund the amount received as assistance and I shall be personally liable for legal implications thereof. I further declare that I have not availed any similar assistance from any other Welfare Board or Boards constituted by the Government of Jammu & Kashmir or Government of India.

Place:

Dated:

Signature of the
Registered manual worker

CERTIFICATE FROM THE H.O.D OF THE CONCERNED DEPARTMENT

I hereby certify that:- Sh/Smt.

S/o, D/o

R/o

is suffering from

(name of

the disease) and the information furnished by the applicant is correct.

SEAL & SIGNATURE OF THE H.O.D.
CONCERNED DEPARTMENT

Affix passport size
photograph duly
attested by the
B.M.O / C.M.O /
Superintendent of
the Hospital or In-
charge of the
Hospital

Seal & Signature of the B.M.O / C.M.O /
Superintendent of the Hospital or In -
charge of the Hospital

Name of the Bank _____

Form No. XXXVI

Account No. _____

**APPLICATION FOR EDUCATIONAL ASSISTANCE FOR EDUCATION UPTO
12TH STANDARD EXAMINATION.**

The Assistant Labour Commissioner,

..... district.

1. Name of the registered manual worker/Parentage/ address with PIN CODE.	Name
	Parentage
	Address
2. Registration Number and date of initial registration.	
3. Name of the Bank with Bank Account No.	
4. Mobile No.	

A. Details of the Son or Daughter for whom educational assistance is sought for:-

S. No.	Name of the Children	Relationship	Date of Birth	Examination passed	Session	Name of the School
1	2	3	4	5	6	7

Note:- Copy of the Marks Sheet in support of having passed the examination duly attested by the Gazetted Officer should be enclosed.

B. Details of the children for whom the Educational Assistance have already been availed from the Board.

S. No.	Name of the Children	Class for which assistance availed	Session	Amount of assistance	Date of receipt

Mobile No: _____

Phone No: _____

Signature of the
Registered manual worker



RECOMMENDATIONS

I hereby recommend, after due verification a sum of Rs. _____
(Rupees _____) as
Educational Assistance in favour of Sh./Smt. _____
registered manual worker under registration No. _____ Dated _____

Labour Officer/Labour Inspector

Upon the recommendation of the Labour Officer/Labour Inspector,
circle _____ I approve an amount of Rs. _____ in favour of
the registered manual worker applied for and the in charge of the B.C. Section is directed to
prepare the applicants case accordingly for release of payment.

Date: _____

Assistant Labour Commissioner,
.....district.

An amount of Rs. _____ paid to the applicant vide Payees account
Cheque No. _____ Dated: _____ or on line credit to his account through
J&K Bank _____ vide authority letter No. _____
Dated: _____

In charge.
B.C. Section



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 will refund the amount received as assistance and I shall be personally liable for legal implications thereof. I further declare that I have not availed any similar assistance from any other Welfare Board or Boards constituted by the Government of Jammu & Kashmir Government of India.

Place:

Date:

Signature of the Registered manual

**CERTIFICATE FROM THE PRINCIPAL/HEADMASTER OF
THE CONCERNED SCHOOL**

Photograph of the
students to be
attested by the
Principal/Student.

Photograph of the
students to be
attested by the
Principal/Student.

I hereby certify that _____ and
_____ S/o. D/o _____
R/o is/are reading in the _____ class and _____
Class under Roll No. _____ and _____ respectively
and the information furnished by the applicant at column A is correct.

Further I certify that our school is Government recognized bear-
ing Recognition No. _____ Dated _____ issued by
the _____.

Signature of Principal/
Headmaster

FOR OFFICE USE

After through examination of the application of the applicant with respect to the records available with this office following observations made:-

1. That the applicant is a registered manual worker under Reg. No. _____
Dt. _____.
2. That the applicant has already availed Educational Assistance for his children
namely _____ and _____ for an amount of
Rs. _____ for the year _____ hence he is not entitled
again for the year _____ for same purpose.
3. That the applicant has not availed Education Assistance for the children
namely _____ and _____ for the year _____
hence entitled for Educational Assistance for the year _____.
4. That the children are students of Class _____ and _____ hence
entitled for Rs. _____ as per guidelines of the Building and Other Construc-
tion Workers Welfare Board as Education Assistance for the year _____.

In Charge.
B.C. Section.



Name of the Bank _____

Account No. _____

Form No. XXXVII

APPLICATION FOR EDUCATIONAL ASSISTANCE FOR HIGHER EDUCATION

The Assistant Labour Commissioner,

..... district.

1. Name of the registered manual worker/Parentage/ address with PIN CODE.	Name
	Parentage
	Address
2. Registration Number and date of initial registration.	
3. Name of the Bank with Bank Account No.	
4. Mobile No.	

A. Details of the Son or Daughter for whom educational assistance is sought for:-

S. No.	Name of the Children	Relationship	Date of Birth	Examination passed	Session	Name of the College/ University
1	2	3	4	5	6	7

Note:- Copy of the Marks Sheet in support of having passed the examination duly attested by the Gazetted Officer should be enclosed.

B. Details of the children for whom the Educational Assistance have already been availed from the Board.

S. No.	Name of the Children	Class for which assistance availed	Session	Amount of assistance	Date of receipt

Mobile No: _____

Phone No: _____

Signature of the
Registered manual worker



RECOMMENDATIONS

I hereby recommend after due verification a sum of Rs. _____
(Rupees _____) as
Educational Assistance in favour of Sh. Smt. _____
registered manual worker under registration No. _____ Dated _____.

Labour Officer/Labour Inspector

Upon the recommendation of the Labour Officer/Labour Inspector,
circle _____ I approve an amount of Rs. _____ in favour of
the registered manual worker applied for and the in charge of the B.C. Section is directed to
prepare the applicants case accordingly for release of payment.

Date: _____

Assistant Labour Commissioner,
.....district.

An amount of Rs. _____ paid to the applicant vide Payees account
Cheque No. _____ Dated: _____ or on line credit to his account through
J&K Bank _____ vide authority letter No. _____
Dated: _____

In charge.
B.C. Section



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 will refund the amount received as assistance and I shall be personally liable for legal implications thereof. I further declare that I have not availed any similar assistance from any other Welfare Board or Boards constituted by the Government of Jammu & Kashmir Government of India.

Place:

Date:

Signature of the Registered manual

CERTIFICATE FROM THE PRINCIPAL/HEAD OF INSTITUTION/AUTHORIZED OFFICER OF THE CONCERNED COLLEGE/UNIVERSITY

Photograph of the students to be attested by the Principal/Student.

Photograph of the students to be attested by the Principal/Student.

I hereby certify that _____ and _____ S/o. D/o _____ R/o is/are reading in the _____ class and _____ Class under Roll No. _____ Registration No. _____ respectively and the information furnished by the applicant at column A is correct.

Further I certify that our College/University is Government/UGC recognized bearing Recognition No. _____ Dated _____ issued by the _____.

Signature of Principal/
Head of the Institution/Authorized Officer
FOR OFFICE USE

After through examination of the application of the applicant with respect to the records available with this office following observations made:-

1. That the applicant is a registered manual worker under Reg. No. _____ Dt. _____.
2. That the applicant has already availed Educational Assistance for his children namely _____ and _____ for an amount of Rs. _____ for the year _____ hence he is not entitled again for the year _____ for same purpose.
3. That the applicant has not availed Education Assistance for the children namely _____ and _____ for the year _____ hence entitled for Educational Assistance for the year _____.
4. That the children are students of Class _____ and _____ hence entitled for Rs. _____ as per guidelines of the Building and Other Construction Workers Welfare Board as Education Assistance for the year _____.

In Charge.
B.C. Section.



Name of the Bank _____

Form No. XXXVIII

Account No. _____

APPLICATION FOR PAYMENT OF MARRIAGE ASSISTANCE

To

Assistant Labour Commissioner (Registration Officer),

..... district.

1. Name of the registered manual worker :
2. (a) 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) Name of the couple : (i) Bride
(ii) Groom
- (d) Date and venue of the marriage
(Marriage invitation/Nikah Nama/Photo of both
Bride & Groom to be enclosed in original) :
- (e) Has the marriage assistance been availed earlier from the Board ?
If so, furnish details :

Mobile No: _____

Signature of the registered manual worker

Phone No: _____

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 Jammu and Kashmir or under any other Government's Schemes of any other State in India.

Place:

Date:

Signature of the registered manual worker.

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

CERTIFICATE**

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

Place:

Date:

Member of parliament OR Member of legislative Assembly OR Sarpanch of Village Panchayat or Member of the Local Body OR Tehsildar whose jurisdiction the applicant resides.

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

RECOMMENDATION

I hereby recommend after due verification for payment of Rs.....
(Rupees..... only) towards marriage assistance of the son/daughter
self of Sh./Smt..... registered manual worker of the Board (Registration Number.....).

Place:

Date:

Assistant Labour Commissioner,

..... district.

ACKNOWLEDGMENT SLIP

Received from Sh./Smt..... (Registration No.....)
claim application for sanction of educational assistance.

Office Seal:

Assistant Labour Commissioner,

..... district

Name:

Designation:

Form No. XXXIX**APPLICATION FOR CHRONIC DISEASES ASSISTANCE**

The Assistant Labour Commissioner,

..... district.

1. Name of the registered manual worker /Parentage/address with PIN CODE.	Name	
	Parentage	
	Address	
2. Registration Number and date of initial registration.		
3. Name of the Bank with Bank Account No. (16-Digit only)		
4. Mobile No.		
5. Name of the disease		
6. Name of the Hospital/Nursing Home with complete address and phone number.		
7. Period of the Hospital/Nursing Home with complete address and phone number.		
8. Period of stay in the hospital. Discharge certificate from hospital should be enclosed.	From	to
9. Whether the applicant is referred from Govt. Hospital	Yes _____ No _____ (Please tick mark)	
10. If yes, the certificate from Govt. Hospital for referral should be enclosed.	Yes _____ No _____ (Please tick mark)	
11. Hospital charges	Rs.	
12. Expenditures on medicines. The original vouchers duly attested by the H.O.D of the concerned department should be enclosed.	Rs.	
13. Expenditures on different tests. The original vouchers duly attested by the H.O.D of the concerned department should be enclosed.	Rs.	
14. Whether the applicant has sought any assistance for sale disease from the J&K BOC WWB. if yes furnish details		
Mobile No: _____ Phone No: _____	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 information given above is ultimately found to be false, I will refund the amount received as assistance and I shall be personally liable for legal implications thereof. I further declare that I have not availed any similar assistance from any other Welfare Board or Boards constituted by the Government of Jammu & Kashmir or Government of India.

Place:

Dated:

**Signature of the
Registered manual worker**

CERTIFICATE FROM THE H.O.D OF THE CONCERNED DEPARTMENT

I hereby certify that:- Slv Smt.

S/o, D/o

R/o

is suffering from

(name of

the disease) and the information furnished by the applicant is correct.

**SEAL & SIGNATURE OF THE H.O.D.
CONCERNED DEPARTMENT**

Affix passport size
photograph duly
attested by the H.O.D.
of the concerned
department.

AFFIDAVIT.

I

S/o

R/o

do hereby solemnly affirm on oath as under:-

1. That the applicant is registered beneficiary with Building and Other Construction Workers Welfare Board (Registering Officer, District) under registration No: Dated:
2. That the applicant is not registered with any other Registering Officer except in district as above neither with any Welfare Board in J&K or in Govt. of India.
3. That the applicant shall not claim for the same in other districts (Registering Officers).
4. That the applicant was working as since and I was physically fit for performing my work.
5. That after registration in the J&K Building and Other Construction Workers Welfare Board I involved in the (name of the disease).
6. That I solicit this affidavit for chronic disease assistance before the Building and Other Construction Workers Welfare Board.
7. That the applicant is not working in any Govt./Semi-Govt. neither running any business.
8. That if any time it is proved that the I am not Building and Other Construction Worker the application for chronic disease assistance is ultimately found false I am personally responsible for legal implication thereof and I will refund the amount received as Chronic disease assistance from the Board along with interest applicable in Scheduled Banks.

Deponent.

Verification:-

Verified that the contents above in this affidavit is correct to the best of my knowledge and belief and nothing concealed thereof.

Deponent.

Note:- Affidavit should be attested by Ist Class Judicial Magistrate.



FOR OFFICE USE

After thorough examination of the application of the applicant with respect to the records available with this office following observations were made:-

1. That the applicant is a registered manual worker under Regd. No. _____ Dt. _____.
2. That the applicant has already availed chronic disease assistance for an amount of Rs. _____ for the year _____ hence he is not entitled again for the year _____ for same purpose.
3. That the applicant has not availed chronic disease assistance till date hence entitled for assistance for the year _____.
4. That the applicant has submitted a judicial affidavit duly attested by the _____ Magistrate to the extent that the applicant has not sought same assistance from any other Registering office or any Welfare Board neither he shall claim for same except R.O _____.

**In charge.
B.C. Section**

VERIFICATION

I after due verification and found that the applicant is registered manual worker under registration No. _____ Dated: _____ besides. I have verified the vouchers and allied documents from the concerned authorities.

Labour Officer/Labour Inspector

**CEO/Secretary,
J&K BOCWWB, Jammu/Srinagar**

No: _____

Dated: _____

RECOMMENDATION

After due verification conducted by the Labour Officer/Labour Inspector _____ /undersigned and other allied supporting documents annexed with this application I hereby recommend the Application for sanction of Chronic disease assistance to the tune of Rs. _____ (Rupees _____).

Assistant Labour Commissioner,



Government of Jammu and Kashmir
Office of the Chief Executive Officer/Secretary
J&K Building and other Construction Workers Welfare Board,
H.NO.331, Indra Colony Lakar Mandi Road, near Dream Land School,
P.O Janipur Jammu Pin Code-180007.

(CIRCULAR)

Dated: 14.11.2012

No: CEO/J&K/BCB/012/2087-2112

Sub: - BRIEF GUIDELINES FOR IMPLEMENTATION OF SOCIAL SECURITY SCHEMES OF BUILDING AND OTHER CONSTRUCTION WORKERS WELFARE BOARD.

For the convenience and clarification of Registration Officer appointed under Building and Other Construction Workers (RE&CS) Act 1996 for Registration of the Building and Other Construction Workers and payment of welfare schemes. Following instructions / guidelines as per the Act and Rules made there under are hereby issued. Designated Officers for Registration of Construction Workers / payments on account of Welfare Schemes are hereby directed to strictly adhere to the Act and the Rules besides the guideline.

1. **Registration as construction workers** -Form No. XXXI (31)
 - I. Application should be duly filled (all the column) with three passport size photograph each one pasted on Form, main register and I-Card.
 - II. **Certificate of Employment :**
Certificate of employment must be given on form itself in the space provided for.
 - III. Persons authorized to give the certificate of employment
 - a). Contractor registered under Building and Other Construction Workers (RE&CS) Act 196.
 - b). Registered Construction workers union.
 - c). Companies registered under Building and Other Construction Workers (RE&CS) Act 1996.
 - d). Major employer i.e. J.E, R&B Electrical Department, PHE, Flood Control, MES, GREF, JKPCC, JKPHC, etc.
 - e). Labour Officer / Labour Inspector.
 - f). Sarpanch / Municipal Councillor/ Corporator of the area.

2. Proof of age: -


Any one of the following certificate.

- a). School leaving certificate duly attested / countersigned by Headmaster in case of High school pass or by ZEO in case of under matric workers i.e. (any class pass below matric).
- b). Certificate from the registers of births and deaths maintained by chowkidars.
- c). A certificate issues by Medical Officer not below the rank of Assistant Surgeon in Government Hospital.
- d). A certificate from Registrar of births and deaths.

3. Contribution of the Fund: -

- a). Registration Fee : -
Rs 10/= (ten only) at the time of registration.
- b). Monthly contribution: -
Rs. 10 (ten only) per month which may be deposited on quarterly, half yearly or annually basis against proper receipt.

4. Maternity Benefit – Form No. XXXII (32)

 Scheme is only for female registered construction worker. Form be duly filled and attested by the Medical Officer of the area concerned or certificate issued by SHO of the respective Police Station or Registrar of Births (in case of Municipal Corporation or Municipalities etc)

5. Payment of Funeral Assistance – Form No. XXXIII (33)

- a). Amount of Benefit: - Rs. 5000 (for one funeral)
- b). Benefit is also available for the funeral of dependents of registered construction workers.
- c). Attested by Sarpanch / President of registered Construction Workers Union / Labour Officer / Labour Inspector / Municipal Councillor.

6. Death Benefit – Form No. XXXIV (34)

Amount of Benefit: - Rs. 100000 (one lac only)


Documents required

- a). Copy of FIR in case of Medical Legal Case i.e. accidents, suicide, etc.

- b). In case of death in Hospital due to ailment certificate form Government Doctor is required.
- c). In case of Natural Death at home, certificate from incharge Police Station having Jurisdiction of the area is required.
- d). Legal heir / dependent certificate from District and Session Judge or Assistant Commissioner (Revenue) or Sub Divisional Magistrate will suffice.
- e). Affidavit by eldest member from the NOK's of the deceased worker with regard to genuiness of the claim duly attested by 1st class Magistrate be attached.
- f). A certificate alongwith recommendation by Assistant Labour Commissioner with regard to genuiness and eligibility of the NOK'S of the deceased worker for the benefits be submitted for necessary action to the Secretary of the Board.
- g). In case of rejection of application, applicant may file an appeal before the Board within sixty days.

7. Medical assistance / assistance in case of injury or ailment of registered construction workers-Form No. XXXV (35)

Amount of Benefits: -

- a). Rs. 5000 shall be given to the beneficiary who is unable to do any manual work in which trade he usually does the job due to injury or ailment, if period of recovery extends to one month or less than three month.
-  b). Rs. 10000 as financial assistance shall be given to the beneficiary who is unable to do any manual work due to injury or ailment, recovery period of which extends to three months or beyond but not cause permanent disability in both cases. Certificate from the Medical Officer not below the rank of Block Medical Officer or the Head of Health institution where he got treatment therein during period or recovery is required
- c). RS. 75000 for permanent disability on production of certificate from Medical Board is required, wherein Medical Board shall certify that the person is disable and cannot do any manual work which is covered under the definition of Building and Other Construction Workers (RE&CS) Act 1996.

8. Financial Assistance for Education-Form No. XXXVI-XXXVII (36, 37)

Detail of each and every thing is given in rule 22-T, however the following guidelines must be adhered to: -

- a). Form should be filled properly.
- b). Certificate of the Head of the Institution, School including recognition of the school / institution must be obtained in case of education assistance cases upto Higher Secondary i.e. 12th level.
- c). In case of higher education cases, certificate with regard to recognition of institution. College/ university by UGC must be obtained.
- d). In case of Professional courses recognition by UGC besides recognition by AICTE / AIME is required.
- e). Financial Assistance on account of Education is only available to the dependents of Registered Construction Worker. However, in case eldest brother is a registered Construction Worker and his younger brothers / sisters are dependent upon him, in that case financial assistance on account of Education shall be made available to such brothers and sisters also; However the limit of the two children / dependent shall not be exceeded.
- f). Children / dependents of the registered construction workers perusing Education through Distance mode of Education from IGNOU, Jammu University or Kashmir University shall also be eligible for the financial assistance for Higher Education.
- g). No financial assistance on account of education shall be given to re-appear or failure or pursuing private study upto Higher Secondary level.
- h). Authorized Officer shall also get unemployment certificate in case the dependent of registered construction worker is pursuing education through distance mode. An affidavit duly attested by 1st Class Magistrate be also obtained.

9. Financial Assistance for Marriage – Form No. XXXVIII (38)

Documents required: -

- a). In case of Muslim marriages, usually Nikkah Nama is a written document. Copy of which duly attested by gazetted officer may be obtained.
- b). Certificate of marriage by MP/MLA/MLC, Sarpanch/ Municipal Councillor or Tehsildar on the form itself be obtained.
- c). Photo of Bride and Bridegroom taken on one snap either at the time of marriage or subsequently must be pasted on the form.

- d). Original copy of the invitation card.
- e). In case marriage is registered with marriage registration officer, certificate must be taken.
- f). Affidavit duly attested by 1st Class Magistrate given by the beneficiary with regard to the genuiness of the claim must be taken.
- g). Marriage assistance is only available for the marriages ceremonized / solemnized after registration of beneficiary.
- h). Marriage assistance is also available for the dependent brothers / sisters of the beneficiary, in case the claimant is head of the family and such brothers and sisters are younger and dependent on him.
- i). A dependent certificate from Naib Tehsildar or Tehsildar must be taken for the purpose of marriage assistance in each case to avoid the fraud / misrepresentation.

10. Financial Assistance for treatment of chronic diseases — Form No. XXXIX (39)

- a). Rs 100000 (one lac only) shall be given in a financial year to the beneficiary or his dependent for the treatment of notified life consuming diseases only.
- b). The payment on this account shall be paid to the institution where the beneficiary or his dependent is undergoing the treatment on production of cost of treatment.
- c). In case of the death of patient during treatment the balance amount shall be taken back from the Head of Health institution and shall be deposited to the Board.
- d). Financial assistance on account of treatment of major ailment shall be decided as per the provisions of medical attendance cum Allowance rules.

General Instructions

1. No payment shall be made to the beneficiary until all the entries of the application of the benefits are not dully entered in the prescribed register No. XXIX (29) and XXX (30).
2. Benefits be paid not only after completion of requisite legal formalities and obtaining of such certificates which are required for ascertaining the genuiness of the case.
3. Case for benefit may only be submitted to the Office of undersigned when all the formalities are complete besides the requisite certificate.
4. No payment on account of any benefit under Building and Other Construction Workers Welfare Act shall be given to the

dependent of Registered Construction Worker who is Government Servant / Employee in any semi Government department or Corporation.

5. There are complaints of Registration of Construction worker of District Budgam, Baramulla, Kulgam, Pulwama, in District Srinagar. Registration of bonafide resident of one District in other District may be stopped henceforth. However cases already registered shall be dealt after taking views of the designated officers.

Guidelines are issued only for smooth functioning and for convenience of designated / authorized Officer. Despite completion of all formalities chances of fraud or misrepresentation persist there, as such personal verification of the Officer for ascertaining the facts is important.

Therefore, it is also enjoined upon the authorized Officers to make the payments and do registration after getting themselves satisfied by way of cross checking of genuiness of each case of registration and benefit.



CEO/Secretary,
J&K Building and Other Construction,
Workers Welfare Board.

Copy to:-

1. Commissioner/Secretary Labour & Employment J&K Govt. Civil Secretariat, Jammu for information please.
2. Labour Commissioner J&K Governemnt.
3. Special Assistant to Hon'ble Minister for Labour & Employment Civil Secretariat Jammu for information to Hon'ble Minister.
4. All Assistant Labour Commissioners.