REVISED STANDARD OPERATING PROCEDURE

FOR PROCESSING DEPENDENT EMPLOYMENT AS WELL AS MONTHLY MONETARY COMPENSATION CASES

UNDER NCWA

STANDARD OPERATING PROCEDURE FOR PROCESSING DEPENDENT EMPLOYMENT AS WELL AS MONTHLY MONETARY COMPENSATION CASES UNDER NCWA

1. A Helpdesk is to be opened in Area Offices and independent establishments of all Subsidiaries of CIL where employment claims are dealt independently. It will function with Skeleton Staff, having experience in dealing employment. Director (Human Resources) of Subsidiaries can decide the location of Helpdesk (Unit or Area) and the structure of manpower/nodal officer etc.

   TIMELINE: Within 7 days of issuance of the revised SOP.

2. Death occurs in Company Hospitals:

   Colliery Medical Officer/ Company Hospital I/c /CMS I/c of concerned Subsidiaries, as the case may be, will disseminate death information to the Helpdesk of concerned Area/ Establishment through e-mail along with mobile no. of the next kin/uploading in the portal, with a copy to concerned unit/establishment who in turn shall issue struck-off order which shall be uploaded in the portal by the concerned Area/Establishment.

   TIMELINE: Within 3 Days of issuance of Death Certificate

3. Death occurs outside the jurisdiction of Company Hospitals:
   In other cases where the death of employee occurred outside the jurisdiction of Company Hospital, family members will submit Death Information with death certificate and an application for employment to the concerned Unit/Establishment where Ex-employee was working before his death.

   TIMELINE: Intimation regarding the death of the deceased employee by the family member / dependents of the deceased, to be given as soon as possible from the date of death and must submit death certificate issued by the appropriate authority.

4. After receiving the death certificate, Unit/Establishment will verify the death certificate and thereafter issue struck-off order. Information regarding death along with death certificate may be intimated to Helpdesk on authorized email id. Helpdesk shall upload in the portal prepared by this office.

5. Application for employment/monthly monetary compensation with or without live roster by dependent of the deceased employee to be submitted either at Unit or Helpdesk along with the death certificate. Remaining forms and formats shall be coordinated through Helpdesk for early submission.

   TIMELINE: Within 3 years from the date of death.

6. On receipt of information from concerned Unit/Establishment along with relevant documents and family details, Helpdesk will request next of kin of deceased employee within 7 days through written letter communicated by post or email to visit Helpdesk office for further processing of the case as soon as possible.

   TIMELINE: Within 7 days of receiving the documents/details from Unit/ Establishment.

7. Date of first visit of family member is to be fixed in consultation with family members of ex-employee for preparation of file (03 Sets) for employment. The Helpdesk will extend all help to the family member in preparation of the file. Instruction is to be given to Unit Human Resources Executive to be present at Area Helpdesk on the same date along with Service Records of Ex-Employee for preparation of file. Unit Human Resources Executive will Co-operate with Helpdesk officials in preparation of file. For monthly monetary compensation claims to be filled by spouse/dependent only.

   Details of all forms and formats to be filled under Dependent Employment and Monthly Monetary Compensation is detailed in **Annexure A.**

   TIMELINE: At the earliest possible date (T).

8. All requisite documents which are required to be signed by the notary/public authorities etc. to be submitted by the dependent applicant.

   TIMELINE: T + 15 days

9. After submission of all documents/forms duly signed and completed in all respect by the dependent, he/she will be referred to IME Board at Area level by the Helpdesk. IME (with Age determination if required) will invariably be held at Area level on two dates i.e. 1st and 15th (if the dates fall on weekly day off / holiday then the next working day) of each month. Once the documents are submitted by the claimant and file is prepared by the Helpdesk, candidate must invariably appear in next IME date by default. A formal communication regarding the IME may also be sent by the Helpdesk latest on the next day of submission of complete documents by the dependent. During IME, if candidate is found UNFIT, the candidate can either apply for review before Apex Medical Board or family can nominate another dependent applicant/apply for monthly monetary compensation. Apex Medical Board will be held as and when required.

   TIMELINE: T + 15 + 14 days

10. On completion of IME/Apex Medical Board, the report in the specified format will be submitted by the Area Medical Officer of the Area or CMS I/c of the Subsidiary (as the case may be) to the Helpdesk of concerned Area.

    TIMELINE: T + 15 + 14 + 7 days.

11. On receipt of the IME report/ Apex Medical Board report, Helpdesk will advise the dependent and other family members, within 01 day, for appearing before the Screening Committee at Area. Screening will invariably be done on at least two (02) days in each month i.e. 08th and 22nd (if the date fall on weekly day off/ holiday then the next working day) immediately following the completion of IME/Apex Medical Board.
    TIMELINE: T + 15 + 14 +7+14 days.

12. The Screening committee at Area/Establishment/RI of CMPDIL will be constituted with following members:

IN CASE OF AREA OFFICE	IN CASE OF CENTRAL WORKSHOPS
a) Unit/RI (in case of CMPDIL) Human Resource Manager	a) Human Resources Manager/Representative
b) Mines Manager/ Representative	b) Manager of Workshop
c) Area HR Manager / Representative	c) Finance Executive
d) AFM / Representative	d) Head of Workshop - **Chairman**
e) GM of Area / Representative- **Chairman.**	

IN CASE OF MEDICAL ESTABLISHMENTS	IN CASE OF MRS
a) Human Resource Executive	a) HR Executive
b) Finance Executive	b) Finance Executive
c) Doctor nominated by CMS I/c	c) Executive nominated by GM (Rescue)
d) CMO (I/c) - **Chairman**	d) Supdt. (Rescue) - **Chairman**

IN CASE OF SUBSIDIARY HQ
a) Human Resource Executive of HQ
b) Finance Executive of HQ
c) Head of concerned dept.**- Chairman**

Note:

1. Establishments not covered above shall constitute Screening committee in the same structure.
2. The dependent applicant shall be physically present along with other dependents of the deceased employee before the Screening Committee. In case, the other dependents are unable to be present for Screening, they may present before the Screening Committee through Video conferencing. Helpdesk to make needful logistics arrangements for the same.

13. On completion of Screening, the duly signed report/ file will be submitted by the Human Resource executive in the committee to the Helpdesk.

TIMELINE: T + 15 + 14 + 7 + 14 + 7 days

14. Helpdesk will forward the complete file with all forms including IME and Screening Committee reports duly incorporating the recommendations of Area GM/ Heads of independent establishments to HoD (IR/NEE) or Employment Cell, as the case may be, at Subsidiary HQ.

TIMELINE: T + 15 + 14 + 7 + 14 + 7+ 7 days

15. On receiving files from Area/ Establishment, Subsidiary HQ will arrange to upload the status (month-wise) in the company's website and process the files, on first-come-first-serve basis, for obtaining approval of the competent authority.

TIMELINE: T + 15 + 14 + 7 + 14 + 7 + 7+ 20 days

16. Files having all shortcomings should be returned to the concerned Helpdesk for compliance.
    Note: Helpdesk/Subsidiary HQ to ensure that all the queries/shortcomings related to the dependent applicant while processing the cases for dependent applicant while processing the cases for dependent employment/monthly monetary compensation is duly checked/sought at one-go and avoid repeated queries on separate instances so that the timeline is maintained.

    TIMELINE: T + 15 + 14 + 7 + 14 +7 + 7 + 20 days

17. On receipt of files with shortcomings from HQ, Helpdesk will arrange to resubmit the proposal after due rectification/compliance of all shortcomings to Subsidiary HQ.

    TIMELINE: T + 15 + 14 + 7 + 14 + 7 + 7 + 20 + 16 days

18. On receipt of the file action and timeline at Sl. No. 13 will be followed by Subsidiary HQ. The competent authority will dispose the case file within 10 days of receipt.

19. On approval of Employment, the same will be communicated by Dealing Department of Subsidiary HQ to concerned Helpdesk for intimation to the dependent.

    TIMELINE: Within 7 days of receipt of approval.

—X—X—X—

GENERAL GUIDELINES

1. Helpdesk In-charge shall be the Nodal Officer of the Dependent Employment.
2. The officer and staffs of Helpdesk shall be compulsorily transferred on completion of 3 years posting in Helpdesk.
3. Physical Screening of dependent applicant should be done only once at Area level.
4. During screening, attempts should be made to persuade the family members to opt for monthly monetary compensation in lieu of employment. The same shall also be brought on record.
5. Age of the dependent should be reckoned from the date of death of ex-employee for the purpose of meeting the minimum age limit (18 years/12 years) and upper age limit (35 years/ 45 years) criteria.
6. Generally the status of indirect dependent is reckoned at the date of death. However, in cases where daughter-in-law is widowed during the process of dependent employment of the son of the deceased employee, she can be considered for employment subject to fulfilment of all other rules applicable for dependent employment.
7. Payment of monthly monetary compensation (MMC) shall be made from the first day of the following month in which the employee is deceased. MMC should be made regularly in every month and Life certificate to be submitted in the month of November either offline/online.
8. Age determination of applicant (dependent for employment/MMC/Live Roster) shall be recorded during IME itself. The process is as follows:

    a) When the dependent applicant is matriculate from recognized Board, the date of birth recorded in the educational testimonial of matriculation shall be considered as final.

    b) When the dependent applicant is non-matriculate but appeared/failed in matriculation and admit card had been issued from recognized Board, the date of birth recorded in the Admit card shall be considered as final.

    c) When the dependent applicant is non-matriculate but literate and has no admit card for appearing in matriculation, the date of birth recorded in the school leaving certificate affiliated from any recognized Board, will be considered final for Age Determination Committee/IME subject to verification of the school leaving certificate from the District Educational Officer.

    d) When the applicant is illiterate, the date of birth recorded in his/her valid Birth Certificate issued by appropriate authority for registration of birth and death (issued prior to death of the deceased employee) to be considered.

Note: For the cases from S.no. (a) to (d) as above, the specified Date of Birth to be recorded in Form O in the IME.

e) In all other cases, age is to be determined as per Age Determination Committee/IME as per prevailing norms.

9. In case of dispute/complaint received against the dependent applicant during the processing of dependent employment, the dependent employment process to be stalled only if any stay order issued by appropriate Court of Law.

10. The date of application mentioned in the application will be treated as the date of claim. Further, the concerned Unit/Establishment/Helpdesk will put a receipt seal on the application with date on the same day itself. Application form without the receipt seal will not be treated as authentic.

11. Any process to establish genuineness of the claim for the dependent employment may be decided by the Subsidiaries.

12. Timeline for providing employment which is completed in all aspect is 100 days. However, delay on the part of dependent shall not be included in the mentioned timeline.

13. A portal to be prepared within 3 months for facilitating the processing of application received for dependent employment. Helpdesk will have access to the portal with authorized login.

—X—X—X—

Annexure A

Details of Forms to be submitted during dependent employment and monthly monetary compensation are given below:

S.No.	Forms to be submitted	Dependent Employment	Monthly Monetary Compensation
1	Application form Signed by dependent applicant	Required	Required
2	Relationship certificate *Certifying authority:* BDO/Tehsildar/Gazetted Officer	Required	Required
3	Attestation Form as per norms	Required	Not Required
4	Declaration on relationship and genuineness of relationship of the applicant with the deceased employee by one permanent employee with minimum 5 years of service left at the time of certification	Required	Required
5	NOC from all dependents (in absence of spouse) *Certifying authority:* Executive Magistrate Note: In case any dependent out of country/state, he/she may submit NOC which may be verified through video conferencing.	Required	Not Required
6	Notarized Indemnity Bond	Required	Not required
7	Notarized Maintenance Affidavit for 25% of salary Father-in-law/mother-in-law to be added in the format (wherever the deceased employee is a female, and dependent applicant is her spouse)	Required	Required
8	Affidavit of non-employment: An affidavit affirming that the applicant is not employed in any other organization	Required	Not required

S.No.	Forms to be submitted	Dependent Employment	Monthly Monetary Compensation
9	Legal Heir certificate in case of variation of major change/different first name/surname of the dependent applicant or deceased employee in any of the service/company records vis a vis his/her educational testimonials. In case of minor deviation (spellings/letters etc.) in the name/surname of the dependent applicant or deceased employee in any of the service/company records vis a vis his/her educational testimonials, notarized affidavit is to be submitted.	Required	Not Required

FORMS FOR DEPENDENT EMPLOYMENT INCLUDING SPECIMEN COPIES FOR AFFIDAVIT(s) TO BE SUBMITTED BY DEPENDENT APPLICANT

APPLICATION FORM TO BE FILLED BY THE DEPENDENT APPLICANT

To,
The …….

……. Area/Establishment

Recent P.P. photograph self-attested by dependent applicant

Sub: **Application for employment under NCWA**

Dear Sir/Madam,

I, …….. Wife/ Husband /Son/ Daughter/ Transgender Child/Legally Adopted Son/Daughter/Transgender child (direct dependent), irrespective of marital status or Brother/ Sister/ Widowed Daughter-in-Law/ Son-in-law (indirect dependent) of Late……Ex……..,
EIS/NEIS No…… of……Colliery/unit/office, request you to please consider my application for my employment against death of my …….. who was a permanent employee in your office and who expired on ……

The details of the candidate for whom dependent employment are being requested are as under:

1. Name of the applicant (in CAPITAL letters): ……..
2. Relationship with deceased employee: ……
3. Date of Birth: ……..
4. Educational/Professional/Technical Qualification: ……
   (Mention current and pursuing separately)……
5. Caste: ……..
6. Marital Status: ……
7. Identification Mark:……
8. Correspondence Home Address: ……
9. Telephone/ Mobile No:……
10. Email (if any): ……

I hereby declare & affirm that all the information furnished above are true. In case, any of the above facts are found false, the management have the right to take action against me as well as to terminate me from the services of the company.

Yours faithfully,

(Signature with date/LTI/RTI of dependent applicant)

I declare that the above information is correct and I hereby nominate my …… named ……for dependent employment against death of my husband/wife.

Signature/LTI/RTI

Name: ……

Wife/Husband of …….
Received by Helpdesk:
Date:

RELATIONSHIP CERTIFICATE

This is to certify that Sri/ Smt ..... Wife/ Husband /Son/ Daughter/ Transgender Child/Legally Adopted Son/Daughter/Transgender child (direct dependent), irrespective of marital status or Brother/ Sister/ Widowed Daughter-in-Law/ Son-in-law (indirect dependent) of Late ……....……, Ex……....., EIS/ NEIS No……..... of ..... Colliery, ……. Area, whose photograph is affixed here below, is well known to me and is a resident of Village ……..... P.O……..... P.S……....., District ……....., State ....., Pin……..…… Further it is certified that he/she was residing with Late/Sri/Smt ……..... and was wholly dependent upon the earnings of the above ex-employee. He / She bears a good moral character.

P.P. photograph of dependent applicant to be attested by Certifying Authority

Signature of Certifying Authority with Seal and Date
(B.D.O/ MLA/MP/Tehsildar/Gazetted Officer)

ATTESTATION FORM

1. The furnishing of false information of suppression of any factual information in the attestation form would be a disqualification and is likely to render the candidate unfit for employment under the Government.

2. If detained, convicted, debarred etc subsequent to the completion and submission of this form, the details should be communicated immediately to the company or the authority to whom the attestation form has been sent earlier, as the case may be, failing which it will be deemed to be a suppression of factual information.

   If the fact that false information has been furnished or that there has been suppression of any factual information in the attestation form comes to notice at anytime during the service of a person, his service would be liable to be terminated.

1. Name in full (in CAPITAL letters) with aliases. Indicate if you have added or dropped in any stage any part of your name surname.	
Surname	**Name**
2. Present address in full i.e. Village, Police Station, District or House Number, Lane/Street/Road, Town	
3(A) Home address in full i.e. Village, Police Station, District or House Number, Lane/Street/Road, Town	
3(B) If originally a resident of Pakistan/ Bangladesh/Nepal, the address in the country and the date of migration in Indian Union.	

4. Particulars of place (with period of residence) have resided for more than one year at a time during the last five years. In case of stay abroad (including/Pakistan/Bangladesh/Nepal), particulars of all places where you have resided for more than one year after attaining the age of 21 years should be given.

From	**To**	**Residential Address in full i.e. Village, Police Station and District or House No., Lane/Street and Town**	**Name of the District HQs of the place mentioned in the proceeding col.**

	Name	**Age/ D.O.B**	**Natio nality**	**Place of Birth**	**Occupatio n.If employed give designatio n & official address**	**Marital Status**	**Present Address (if dead give last address)**	**Permanent home address**
Father								
Mother								
Wife/ Husband								
Brother								

Sister								
Son								
Daughter								
Any other dependent (mention relationship)								

5. (a) Information to be furnished with regard to sons and or daughters in case they are studying/living in a Foreign Country.

Name	**Nationality by birth or by domicile**	**Place of Birth**	**Country in which studying/living with full address**	**Date from which living in the Country mention in previous col.**

6. Nationality:

7. (a) Date of Birth _____
   (b) Present Age_____
   (c) Age at Matriculation_____

8. (a) Place of birth, District & State in which situated_____
   (b) District & State which you belong _____
   (c) District & State which to your father originally belongs_____

9. (a) Religion:
(b) Are you a member of Scheduled Caste, Scheduled Tribe/ Physically handicapped/ Ex-serviceman/Backward Class Community?
(c) Answer Yes or No and if the answer is Yes, state the name thereof.

10. Educational qualification showing places of education with years in School & College since 10th year of age

Name of School/ College with full address	**Date of entering**	**Date of leaving**	**Examination passed.**

***Note**: If candidate is pursuing any course at present that should also be furnished.*

11. Are you holding or have at any time held an appointment under the Central or State Government or a Semi-Government or Quasi Government body or any autonomous body on a public undertaking or a private firm or Institution? If so, give full particulars with dates of employment upto date.

Period	**Designation, Employment and nature of employer**	**Full Name and Address of employer**	**Reasons for leaving previous service.**

(b) If the previous employment was under the Government of India/State Government/an under taking owned or controlled by the Government of India or a State Government/an autonomous body/University/Local body.

If you had left the service on giving a month's notice under Rules of the Central Civil Service Temporary Service Rules, 1965 or any similar corresponding rules where any disciplinary proceedings framed against you or had you been called upon to explain your conduct in any matter at the time you given notice or termination of service or at a subsequent date, before your service actually terminated.

12.

(a) Have you ever been arrested? Yes/No
(b) Have you ever been prosecuted? Yes/No
(c) Have you ever been kept under detention? Yes/No
(d) Have you ever been fined by a Court of Law? Yes/No
(e) Have you ever been convicted by a Court of Law for any or Offence? Yes/No
(f) Have you ever been debarred for any examination or restricted by any University or any educational authority institution? Yes/No

(g) Have you ever been debarred, disqualified by any Public Service Commission from appearing in its examination selection? Yes/No
(h) Is any case pending against you in any court of law at the time of filling Up this attestation form? Yes/No

13. If any case pending against you in any University or any other Educational authority institution at the time of filling up the Attestation Form? Yes/No

If the answer to any of the above-mentioned question if 'YES' give full particulars of the case-arrest/ detention/ file conviction/ sentence/punishment etc. and or the nature of the case and in the Court/University/Educational Authority etc. at the time of filling up this form.

Note:

(i) Please also see the warning at the top of this Attestation Form.
(ii) Specific answer to each of the question should be given by Striking out 'YES/NO' as the case may be.

14. Name of two responsible persons of your locality or two references with full address (not relations) to whom you are known.

a)

b)

I certify that the foregoing information is correct and complete to the best of my knowledge and belief. I am aware of any circumstances which might impair my fitness for employment under Government.

Signature/LTI/RTI of the Candidate.

Date:

IDENTITY CERTIFICATE

(part of attestation form)

(Certificate & Photograph of the candidate to be signed by one of the following)

1. Gazetted Officer of Central or State Government
2. Member of Parliament or State Legislature belonging to the Constituency where the candidate or his parent/ guardian is originally resident.
3. Sub-Divisional Magistrate/Officer.
4. Tahasildar or Naib/Dy. Tahasildar authorised to exercise Magistrate powers.
5. Principal/Head Master of the recognised School/College/ Institution where the candidate studied last.
6. Block Development Officer & Mukhiya of Gram Panchayet.

Certified that, I know Shri/Smt./Miss ……., Son/ wife / Unmarried Daughter/ Husband/ Adopted Son of Late……. The photograph of the candidate has been attested by me and I know him/her for the last …… years. The particulars furnished by him/her are correct to the best of my knowledge and belief.

Signature

Designation or Status and address with seal.

Place:

Date:

To be filled by the Officer

1. Name, Designation, full address of the appointing authority.:

2. Post for which the candidate is being considered:

MARRIAGE DECLARATION CERTIFICATE

(part of attestation form)

I, Shri/Shrimati……..declare as under:

1. That I am unmarried / a widower/ a widow.

2. That I am married and have only one wife/husband living.

3. That I am married and my husband has no other wife living/ my wife has no other husband living. Application for grant of exemption enclosed.

I solemnly affirm that the above declaration is correct and I understand that in the event of my declaration being found to be incorrect after my appointment I shall be dismissed from the service.

Date:

Place:

(Signature of the Applicant)

DECLARATION BY ONE PERMANENT EMPLOYEE HAVING MINIMUM FIVE YEARS OF SERVICE LEFT AT THE TIME OF CERTIFICATION

I, the employee of ……. Colliery/Unit, ……Area/ Establishment certify that Sri/Miss/Smt…… is the Wife/ Husband /Son/ Daughter/ Transgender Child/Legally Adopted Son/Daughter/Transgender child (direct dependent) or Brother/ Sister/ Widowed Daughter-in-Law/ Son-in-law (indirect dependent) of Late ……. who was an employee, designated as ……, U.Man No.…… of ……Colliery, ……..Area.

Sri/Smt/Miss(Name of applicant)..... is a permanent resident of Village……., P.O…….. P.S……., Pin……., Dist…… . We know the aforesaid ex-employee and the dependent employment applicant of the deceased employee personally.

During the course of investigation, if at any stage, the relationship as certified by me is found wrong then I shall be liable for any action leading to summarily dismissal from employment for giving false certificate about relationship and I shall not make appeal to any court of law about the action of management.

1. Signature……

Name:

Designation:

Date of Birth:

Place of Posting:

Employee PIS/No. :

Date:

The above declaration is given in my presence.

SIGNATURE

Date:

Seal:

Name: ……

Designation:……..

Place of posting:

SPECIMEN COPY OF NO OBJECTION CERTIFICATE IN THE FORM OF AFFIDAVIT

(to be executed before the Executive Magistrate)

(NOC required to be submitted by all dependents in absence of Spouse)

Important Note:

a) In case, dependent applicant is spouse (self), not required from other dependents.
b) If spouse is nominating any dependent, then not required from other dependents.
c) **In absence of spouse ONLY, NOC required from all dependents**

I, Miss/Smt/Sri……., (state the relationship with the deceased employee) of Late/Sri/Smt ..... aged about ..... years by faith Hindu by occupation ....., Permanent resident of Village..... , P.O ……., P.S. ....., District ....., State ....., at present residing at ..... Post & P.S. ....., District ....., State ....., do hereby solemnly affirm on oath and declare as follows:

That my Late..... was an employee of .....Colliery/Unit/Area/Establishment…… having PIS/Employee No.....,CMPF Account No……., Designation as .....who expired while in harness on..... leaving behind following persons as his/her legal heirs and dependents.

Sl.No. **Name** **Relationship** **Age** (aged about ... years)

That I intend to provide service to the company against death of my _____ named……. as per NCWA and we have **NO OBJECTION** if employment is provided to my …… named..... .

That the relationship between us, my aforesaid ……. with the deceased employee named…… is correct and genuine, if it is found false then my ……. will be liable to be dismissed from his/her service.

That I am affixing the photo of myself and my deceased ……. named……..... in this affidavit for proper identification and it may be treated as a part of this affidavit. That I am swearing this affidavit and submit it before the concerned authority of (Name of Company) for my service ..... against death of my ……. named ..... as per NCWA.

PP photograph of the Deceased employee	PP photograph of the Dependent Applicant/Deponent

VERIFICATION

The statements made above are true to the best of my knowledge and belief and I sign this here at .....Solemnly affirmed before me by the deponent who is duly identified by Sri .....Advocate,..... **Deponent**

Executive Magistrate..... Identified by me (Advocate…..)

NOTE: Strike off whichever is not applicable.

SPECIMEN COPY OF NOTARIZED INDEMNITY BOND

THIS INDEMNITY BOND is made on this the ……..day of……20…..by Sri ……of Late……, aged about……..years, by faith……., by profession- unemployment youth, resident of village-……, P.O……., P.S……., District……., State…… hereinafter referred to as the **'OBLIGOR'** of the **ONE PART**.

AND

(1) Sri……..son of Late/Shri/Smt ……., aged about ……years, by faith……., by profession Service as……. at……of……..Area under M/S …….(NAME OF COMPANY), Vide PIS/UMan No……., From 'B' No……., CMPF A/C No……, Date of birth……., Date of appointment……., a resident of Village……., P.O……., P.S……., District……, State……..

AND

(2) Sri……..son of Late/Shri/Smt……., aged about ……years, by faith……., by profession Service as……. at……of……..Area under M/S …….(NAME OF COMPANY), Vide PIS/ U Man No……., From 'B' No……., CMPF A/C No……, Date of birth……., Date of appointment……., a resident of Village……., P.O……., P.S……., District……, State……..,hereinafter jointly referred to as the **'SURETIES'** of the **ONE PART**.

IN FAVOUR OF ……..of ……..Area under …….(NAME OF COMPANY), a Company within the meaning of Company's Act 1956 having its registered head office at…….(COMPANY ADDRESS)hereinafter referred to as the **'OBLIGEE'** of the **'OTHER PART'**.

AND WHEREAS ……son of Late ……..i.e. father of the 'OBLIGOR' was a permanent employee as ……..at ……of ……Area under M/S Eastern Coalfields Limited vide U.Man No……., Form 'B' No……., CMPF A/C No……..,

date of birth……..date of appointment……., a resident of village-……., P.O……,

P.S……., District……., State…….and said ……died on……at……leaving behind him the following persons as his only legal heirs and dependents.

Name	Relationship with the deceased	Age
1.		
2.		

AND WHEREAS as per rule and circulars of the Company and as per National Coal Wage Agreement one of the dependents family members of deceased employee……is entitled to get an employment with the "OBLIGEE' ……(NAME OF COMPANY) against the death of said ……..while he was in service and the "OBLIGOR' Sri……has applied the 'OBLIGEE' for getting the employment against the death of said ……..and the other family members of deceased employee……have passed their full consent and no objection in favour of the 'OBLIGOR' Sri……..for getting the employment to the said 'OBLIGEE' and with considering the application the company has asked for an INDEMNITY BOND for purpose of certifying the relationship and genuinity between the 'OBLIGOR' Sri……..and deceased employee……

AND WHEREAS the 'OBLIGOR' and the 'SURETIES' do hereby solemnly affirm and declare that the 'OBLIGOR' is the son of deceased employee……..and the sons and daughter Sl No. to hereinabove are begotten from the wedlock of ……(since deceased) and Smt……and now all family members are living jointly and if the employment is made in favour of the said 'OBLIGOR' Sri…….no interest of them will be harmed and the contents of this declaration are true to the best of their knowledge and belief.

FURTHER IN CONSIDRATION OF the aforesaid BOND the 'OBLIGOR' and the 'SURETIES' No. 1)…… and No. 2)…… do hereby bind themselves, their heirs, successors, executors, administrators and as signs jointly and the severally to keep the 'OBLIGEE' ……(NAME OF COMPANY), its agent, servants, successors, executors, administrators and assigns harmless and indemnified against all losses, injuries, costs, damages, and expenses together with interest which the 'OBLIGEE' might suffer by reason of offering the employment to the 'OBLIGOR' Sri……against the death of his father……..

AND WHEREAS the 'OBLIGOR' Sri……applied for the employment to the Company and now there the said 'OBLIGOR' and the 'SURETIES' No.1)……and No. 2)……. do hereby bind themselves on condition that in case in the event of relationship between the 'OBLIGOR' Sri……and deceased employee…….. is proved to be false then the said 'SURITIES' and the 'OBLIGOR' to whom the employment will be given under the rules and circulars of the company will be summarily dismissed.

IN WITNESSTH WHEREOF the 'OBLIGOR', 'SURETIES' and the WITNESSES have hereto at……..court signed and delivered this Bond on this day, month and year first above written.

PP photograph of the obligor.

-:WITNESSES:-

1) (SIGNATURE OF THE OBLIGOR)

2) (SIGNATURE OF THE FIRST SURETY)

(SIGNATURE OF THE SECOND SURETY)

(Read over and explained to the signatories and they have put their signature/LTI/RTI in my presence and indentified by me).

ADVOCATE:-
ENL NO.

(Executive Magistrate)

SPECIMEN COPY OF NOTARIZED MAINTENANCE AFFIDAVIT BY THE APPLICANT

I, Sri/Smt/Miss……,…… (state the relationship with the deceased employee)……of Late/Sri ……, aged about…… years, by faith……., resident of Village-……., P.O……., P.S……., Pin……., District……., State…… do hereby solemnly affirm and declare that the statements made below are true to the best of my knowledge and belief.

1) That my husband/wife/father/mother……was employed as ……, Employee No……at ……colliery,……..Area under M/S ….(NAME OF COMPANY).
2) That the deceased employee……who was my……. expired on ……at……..while he/she was in service with the company.
3) That if I join in service on behalf of my ……..(deceased employee)……then no objection from anybody else or in my family members will arise.
4) **That in the event of my employment I will look after the dependent family members of deceased employee Late/Sri…….. and also declare and undertake that if I fail to maintain them then management may share 25% of my salary for their maintenance.**
5) That I am affixing the photograph of myself in this affidavit for proper identification and it may be treated as a part of this affidavit.

PP size photograph of the deponent.

Sworn and signed this AFFIDAVIT on this the ……..day of ……..20….. at …….. court.

VERIFICATION

Solemnly affirmed before me by
the deponent who is duly
identified by Sri .....
..... Advocate,.....

The statements made above are
true to the best of my knowledge
and belief and I sign this verification
here at .....

Deponent

FORMS FOR MONTHLY MONETARY COMPENSATION INCLUDING SPECIMEN COPIES FOR AFFIDAVIT(s) TO BE SUBMITTED BY WIDOW

APPLICATION FORM FOR MONTHY MONETARY COMPENSATION (MMC)

Recent P.P. photograph self-attested by MMC applicant

To,

The ……..

……. Area/Establishment

Sub: **Application for monthly monetary compensation under NCWA**

Dear Sir/Madam,

I, ……..Spouse of Late……Ex……., EIS/NEIS No…… of……Colliery/unit/office, request you to please consider my application for my monthly monetary compensation against Death of my …….. who expired on ……

1. Name of the MMC applicant (in CAPITAL letters): ……..
2. Relationship with deceased employee: ……
3. Date of Birth/Age: ……
4. Educational/Professional/Technical Qualification: ……..
5. Caste: ……
6. Marital Status: ……
7. Identification Mark:……
8. Correspondence Home Address: ……
9. Telephone/ Mobile No:……
10. Email (if any): ……

DATE:

I declare that the above information is correct.

Yours faithfully,

(Signature/LTI/RTI of applicant)

Received by Helpdesk:

Date:

RELATIONSHIP CERTIFICATE

This is to certify that Smt/Shri ..... wife / husband of Late ……..……, Ex……..……., EIS/ NEIS No……..…….. of ..... Colliery, ……. Area, whose photograph is affixed here below, is well known to me and is a resident of Village ……..……..

P.O……..…….. P.S……..……..,

District ……..……., State ..……..……., Pin……..……

He / She bears a good moral character.

P.P. photograph of candidate to be attested by Certifying Authority

Signature of Certifying Authority with Seal and Date
(B.D.O/Tehsildar/MLA/MP/Gazetted Officer)

DECLARATION IN FAVOUR OF MMC APPLICANT GIVEN BY ONE PERMANENT EMPLOYEES HAVING MINIMUM FIVE YEARS OF SERVICE LEFT

I, the employee of …… Colliery/Unit, ……Area/ Establishment certify that Smt…… is the Wife/Husband of Late …….. who was an employee, designated as ……, Employee No./PIS…… of ……Colliery, ……Area.

Smt/Shri (Name of applicant) ..... is a permanent resident of Village……., P.O…….. P.S……....., Pin……., Dist…… .

I know the aforesaid deceased employee…….. as well as the applicant of monthly monetary compensation ……., personally.

During the course of investigation, if at any stage, the relationship as certified by me is found wrong then I shall be liable for any action leading to summarily dismissal from employment for giving false certificate about relationship and we will not make appeal to any court of law about the action of management.

1. Signature……

Name:

Designation:

Date of Birth:

Place of Posting:

U.Man No. :

Date:

The above declaration is given in my presence.

SIGNATURE

Date: Name: ……

Seal: Designation:……..

SPECIMEN COPY OF NOTARIZED MAINTENANCE AFFIDAVIT BY THE MMC APPLICANT

I, Smt/Shri…… wife/husband of Late ……, aged about…… years, by faith……., by profession-……., resident of Village-……, P.O……., P.S……., Pin……., District……., State…… do hereby solemnly affirm and declare that the statements made below are true to the best of my knowledge and belief.

1) That my husband/wife ……was employed as ……, Employee No./PIS……at ……colliery,……..Area under M/S ……(NAME OF COMPANY).
2) That my husband/Wife ……expired on ……at……..while he/she was in service with the company.
3) That if I receive monthly monetary compensation on behalf of my deceased husband ……then no objection from anybody else or in my family members will arise.
4) **That in the event of my receiving monthly monetary compensation, I will look after the dependent family members of my husband/wife i.e. …….. and also declare and undertake that if I fail to maintain them then management may share 25% of my salary for their maintenance.**
5) That I am affixing the photograph of myself in this affidavit for proper identification and it may be treated as a part of this affidavit.

PP size photograph of the deponent.

Sworn and signed this AFFIDAVIT on this the ……..day of ……..20….. at …….. court.

VERIFICATION

Solemnly affirmed before me by
the deponent who is duly
identified by Sri .....
..... Advocate,.....

The statements made above are
true to the best of my knowledge
and belief and I sign this verification
here at .....

Deponent

OFFICE USE FORMS

ISSUANCE OF NAME STRUCK OFF ORDER

(to be executed by the unit/establishment)

This is to certify that Late/Sri/Smt ..... Designation .....EIS/ NEIS No..... of ..... Colliery, ...Area/ Establishment,.....Subsidiary was on the Muster Roll of the Company unto death/ termination. His / Her name has been deleted from the Muster Roll of the company on and from ..... due to death / termination.

Further it is certified that no one has been offered employment or monthly monetary compensation in lieu of employment against death/ termination of Late/Sri .....). The claim of employment in favour of Sri/Smt/Miss..... Husband/Widowed wife/Son/Adopted Son/ Unmarried Daughter of Late/Sri/Smt ..... is being processed first time since found to be in order and neither any claim of employment nor monetary compensation in favour of any dependent family member of Late/Sri/ Smt..... has been processed earlier.

Manager/Human Resources Executive

Name:

Designation:

Date:

Seal:

SPECIMEN COPY OF SINGLE EMPLOYMENT NOTING PROPOSAL

Ref. Date:

SUBJECT: CLAIM OF EMPLOYMENT UNDER NCWA.

Particulars of the deceased employee

1	Name	
2	Designation	
3	Unique Man Number/PIS	
4	CMPF Number	
5	Place of posting (Unit/ Area/ Establishment)	
6	Date of Appointment	
7	Date of Birth	
8	Scheduled Date of Superannuation	
9	Last Date of working	
10	Date of Death	
11	Death Certificate issued by	
12	Gap between last date of working & Date of Death and reasons thereof.	

Particulars of Dependent Applicant

1	Name of the candidate	
2	Relationship with employee	Son/ wife / Unmarried Daughter/ Husband/Adopted Son Widowed daughter/ Widowed Daughter in Law/Son in Law
3	Educational Qualification	
4	Date of Birth (As per IME Report dated……/Admit Card/Certificate of Secondary Examination)	
5	Findings of IME Report	
6	Whether incorporated in Company's record during service period of the Ex-employee. If not, specify the record basing on which proposal is processed.	
7	Date of application	
8	Aadhaar No.	
9	PAN card No.	
10	SC / ST / OBC/PWD	

Recommendation: Claim of employment of Sri/Smt/Kumari …….. Son/ wife / Unmarried Daughter/ Husband/Adopted Son of ……. Ex-…….. of……..…….. Colliery is examined and found in order as per NCWA and other guidelines of the company. Candidate is Fit for employment and also is of employable age as per IME report dated..... . Recommended for employment of Sri/Smt/Kumari…….. under NCWA.

If not recommended, reasons thereof:

Member 1
Name:

Designation:

Date:

Member 2
Name:

Designation:

Date:

Member 3
Name:

Designation:

Date:

Member 4
Name:

Designation:

Date:

Recommended for employment of Sri/ Smt/ Kumari ……..…….. …….. Son/ wife / Unmarried Daughter/ Husband/Adopted Son of Late/ Sri/ Smt/ ……, Ex-…….. of …… Colliery as per NCWA.

If not recommended, reasons thereof:

Signature of General Manager of the Area.

Name:

Date:

Seal:

Recommendation: The employment proposal, duly forwarded and recommended by the Unit & Area as per NCWA, is hereby processed with above details for offering employment as Time Rated (Trainee) Underground/ Surface with initial Basic wages of Cat-I for six months training period as per NCWA.

If not recommended, reasons thereof:

Dealing Executive, HQ
Seal:

General Manager (P&IR) of the Company

Competent Authority