### <u>GOVERNMENT OF ASSAM</u> <u>LABOUR WELFARE DEPARTMENT</u> <u>OFFICE OF THE ASSAM BUILDING AND OTHER CONSTRUCTION WORKERS'</u> <u>WELFARE BOARD, GOPINATH NAGAR, GUWAHATI-16</u>

eCF No. 455063 /20

From	:-	Smti Ishanu Shah Deputy Labour Commissioner, Assam -cum- Deputy Chief Executive officer, Assam Building & Other Construction Workers' Welfare Board, Shram Bhawan, Guwahati-07
То	:-	Labour Inspector -cum- Registering Officer (Beneficiary Registration), Joypur
Sub	:-	District scrutiny committee approved list
Ref.	:-	Your Letter No. ABOCWW/BR/DIB/JPR/MEDICAL ASSISTANCE/2016/11 dt. 28.02.2024
		With reference to the subject cited above, you are hereby informed that the Scrutiny

Committee approved list forwarded to this office vide letter number quoted above does not mention Causes/ Disease & No. of days admitted in hospital - as per the tabular format issued by the Head Office.

In this context you are hereby requested to re-verify the issues and resubmit the same after necessary correction as well as verified/ certified by the Scrutiny Committee.

This is for your information and necessary action.

Enclo: (The tabular format including forwarding letter issued by the Head Quarter)

Signed by Ishanu Shah Date: 09-12-2024 00:06:44

Deputy Labour Commissioner, Assam, -cum-Deputy Chief Executive officer, Assam Building & Other Construction Workers' Welfare Board,

Memo No. 455063 /20 (A-C) Copy to:-

- 1. The Hon'ble Chairman, Assam Building & Other Construction Workers' Welfare Board (ABOCWWB), for favor of kind information.
- 2. Labour Commissioner, Assam, -cum- Member Secretary, Assam Building & Other Construction Workers Welfare Board, Shram Bhawan, Guwahati-07, for kind information.
- 3. The Website Management branch for uploading in the official website.

eSigned Deputy Labour Commissioner, Assam, -cum-Deputy Chief Executive officer, Assam Building & Other Construction Workers' Welfare Board,

#### GOVERNMENT OF ASSAM <u>LABOUR WELFARE DEPARTMENT</u> OFFICE OF THE ASSAM BUILDING AND OTHER CONSTRUCTION WORKERS' WELFARE BOARD, SHRAM BHAWAN, GUWAHATI-07

ECF No.516958/01

 From :- Smti Ishanu Shah Deputy Labour Commissioner, Assam -cum-Deputy Chief Executive officer, Assam Building & Other Construction Workers' Welfare Board, Shram Bhawan, Guwahati-07
 To :- 1. Assistant Labour Commissioners, Assam 2. Labour Officers, Assam 3. Labour Inspectors, Assam -cum-The Registering Officers, ABOCWWB

Sub :- Submission of Benefits Details under ABOCWWB .

In reference to the subject stated above, it is hereby mentioned that an official mail id has been created for correspondence related to all benefits under ABOCWWB. Accordingly, you are requested to:-

1. After dispatching the applications forms for disbursement to the head office, please submit the soft copies of the benefits in Excel format. Ensure that these documents are complete and accurately reflect the information sent in the physical applications.

2.To ensure consistency and accuracy in your records, it is imperative that uniformity is maintained and followed for all data submissions. Please adhere strictly to the tabular format provided, which is enclosed as **Annexure-A**.

3.Please ensure that only correspondence related to benefits is sent to the email address mentioned below. This email address has been designated specifically for handling benefits-related inquiries and documentation to streamline the process.

# Email ID: <a href="mailto:bocwbenefits@gmail.com">bocwbenefits@gmail.com</a>

This is for your information and further necessary action.

## Enclosed : As stated above

Signed by Ishanu Shah Date: 23-07-2024 00:29:30

## Deputy Labour Commissioner, Assam, -cum-Deputy Chief Executive officer, ABOCWWB

Memo No. 516958/ 01/(A-B) Copy to:-

- 1. The Hon'ble Chairman, Assam Building & Other Construction Workers' Welfare Board (ABOCWWB), for favor of kind information.
- 2. Labour Commissioner, Assam, -cum- Member Secretary, Assam Building & Other Construction Workers Welfare Board, Shram Bhawan, Guwahati-07, for kind information.

eSigned Deputy Labour Commissioner, Assam, -cum-<u>Deputy Chief Executive officer, ABOCWWB</u>

		List	of Applications	for Medical Assista	nce to be place	d before the	Screening Co	ommittee for f	inalization/a	pproval				
Sl. No.	Name of the applicant	Aadhar No . Of Registered beneficiary	Contact No.of Registered beneficiary	Name of the registered beneficiary	Relationship with Beneficiary	Date of Birth	Registration No. & date of registered beneficiary	Causes/ Disease	No. of day of admitted in hospital	Account holder name as per active bank passbook	Bank name	Branch name	A/c No.	IFSC No.

		List of	Applications for	General Pension to	be placed bef	fore the Scree	ening Comm	ittee for final	ization/appro	val			
Sl. No.	Name of the applicant retd. Registered beneficiary		Contact No.of retd. Registered beneficiary	Registration No	Date of Registration	Date of Birth	Length of Service of the registered construction	Date of Retirement	Account holder name as per active bank passbook		Branch	Account No.	IFSC No.

		List of Application	ns for Death Benefit,	Funeral Assistance with	Refund of Month	ly Contribution	to be placed be	efore the Screenin	g Committee for finalizati	ion/approv	val		
SI. No.	Name of the applicant/Nominee	Aadhar No . Of Nominee	Contact No.of Nominee	Relation of Nominee with the deceased	Name of the deceased	Date of Birth	Registration No. and Date	Date of Death	Nature of Death Nature of Death passbook	Bank name	Bank Branch	A/c No.	IFSC No.

		Lis	t of Applications for (	One Time Educational A	Assistance to be pla	aced before the	Screening Com	mittee for finaliza	tion/approval				
Sl.No	. Name of Student & date	Aadhar No . Of	Contact No.of	Registered worker name	Regd. No. & date		Name of the	Reading class / course	Account holder	Bank Name	Branch	Account No.	IFSC No.
	of Birth	<b>Registered beneficiary</b>	<b>Registered beneficiary</b>				Institution / school	pursuing	name as per active		Name		
						Relationship of application with Registered worker Son/Daughter			bank passbook				

	List of A	Applications for	Disability Pension (	to be placed be	fore the Scre	ening Com	nittee for finali	zation/appro	oval			
Name of the Applicant Registered Beneficiary		Contact No	Registration No.	Date of Registrtaion	Date of Birth	Percentage of disability	Date of Disability as per certificate	Account holder name as per active bank passbook	Bank Name	Branch	A/c No.	IFSC No.

		Lis	st of Application	s for Family Pensio	n to be placed	before the So	creening Con	nmittee for fin	alization/ap	proval				
Sl. No.	Name of the applicant	Aadhar No .	Contact No	Relation with the deceased beneficiary	deceased Pension	Length of Service of the registered construction	0	GPPO No. of deceased pensioner	General or Disable Pensioner	Date of death of Pensioner	A/c holder name	Bank Name	Branch	IFSC No

		List	of Applications	for Cash Award pla	ace to be placed	l the Screenin	g Committe	e for finalizati	ion/approval				
SI. N	D. Name of the Student with Date of Birth	Aadhar No . Of Registered beneficiary	Contact No	Name of the Beneficiary	Registration No and date of the Beneficiary	Percentage obtained in HSLC and HS	Date of Registration	Date of Birth of the Beneficiary	Account holder name as per active bank passbook	Bank Name	Branch	Account No.	IFSC No.

Annexure-A
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		List	of Applications f	or Marriage Assista	ance to be place	d before the	Screening (	Committee for	finalization/a	approva	1			
Sl. No	Name of the applicant beneficiary with Date of Birth		Contact No	Registration No. and date of the beneficiary	For own or for children marriage	Age of Son/ Daughter	Date of Marriage	Date & No. of Marriage Certificate (x)	Name of son/ daughter for whom applied	st and	Account holder name as per active bank passbook	Bank name	A/c No.	IFSC

(x) Note:- Issued by the Registrar of Marriage

	L	ist of Application	ns for Maternity	Assistance to be pla	aced before the	e Screening C	Committee fo	or finalization/a	approval		
Sl. No	b. Name of the applicant beneficiary	Aadhar No . Of Registered beneficiary	Contact No	Registration No. with date	Date of Confinement	1 <sup>st</sup> or 2 <sup>nd</sup> application	Account holder name as per active bank passbook	Bank name	Bank Branch	A/c No.	IFSC No.