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

ECF No. 450147 /72

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 :- Labour Inspector -cum- Registering Officer (Beneficiary Registration), Sarupathar

Sub :- District scrutiny committee approved list for Medical Assistance

Ref. :- Your Letter No.

1. BOCW/MA/2015/197 dt.20.12.2022 – 1 no. 2. BOCW/MA/2015/199 dt.20.12.2022 - 2 nos. 3. BOCW/MA/2015/128 dt.--.09.2022 - 1 no. 4. BOCW/MA/2015/126 dt. --.09.2022 - 1no.

With reference to the subject cited above, you are hereby informed that the Scrutiny Committee approved lists for **Medical Assistance** forwarded to this office are not found as per the tabular format issued by the Head Office. It is also observed that the No. of days the applicants were admitted in hospital are also not reflected in the Scrutiny Committee approved lists for which it becomes difficult to determine the exact No. of day for proper calculation of the amount to be provided to the beneficiaries from this end.

Further, in your letters quoted above, the approved lists have been signed by the **Block Data Manager, NHM, Sarupathar BPHC Golaghat** as representative from the Joint Director Health and Family Welfare department. Please be noted that this person is not a doctor to verify/ scrutinize the applications submitted for Medical Assistance & Maternity benefit

Hence, I am directed to request you to clarify 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: (Letters with scanned application forms & prescribed tabular format)

Signed by Ishanu Shah

Date: 25-12-2024 17:07:57

Deputy Labour Commissioner, Assam,
-cumDeputy Chief Executive officer, Assam Building &
Other Construction Workers' Welfare Board,
Gopinath Nagar, Guwahati-16

Memo No. 450147 /72 (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-

Deputy Chief Executive officer, Assam Building & Other Construction Workers' Welfare Board, Gopinath Nagar, Guwahati-16

GOVERNMENT OF ASSAM LABOUR WELFARE DEPARTMENT 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: <u>bocwbenefits@gmail.com</u>

This is for your information and further necessary action.

Signed by

Enclosed: As stated above Ishanu Shah

Date: 23-07-2024 00:29:30

Deputy Labour Commissioner, Assam,
-cumDeputy 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,
-cumDeputy Chief Executive officer, ABOCWWB

	List of Applications for Medical Assistance to be placed before the Screening Committee for finalization/approval														
Sl. No.	Name of the applicant		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		Branch name	A/c No.	IFSC No.	

		List of	Applications for	General Pension to	be placed bef	ore the Scree	ening Comm	ittee for finaliz	zation/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.
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List of Applications for Death Benefit, Funeral Assistance with Refund of Monthly Contribution to be placed before the Screening Committee for finalization/approval														
	ne of the ant/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	Account holder name as per active bank passbook	Bank	Bank Branch	A/c No.	IFSC No.

		Lis	t of Applications for	One Time Educational A	Assistance to be pl	aced before the S	Screening Com	mittee for finaliza	tion/approval					
Sl.No.														
	of Birth	Registered beneficiary	Registered beneficiary				Institution / school	pursuing	name as per active		Name		i l	
						Relationship of			bank passbook				i l	
						application with							i	
						Registered worker							i	
						Son/Daughter							i	
				_										
													i	

List of Applications for Disability Pension to be placed before the Screening Committee for finalization/approval														
Name of the Applicant Registered Beneficiary	Aadhar No . Of 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.		

	List of Applications for Family Pension to be placed before the Screening Committee for finalization/approval														
Sl. No.	Name of the applicant	Aadhar No .	Contact No	Relation with the deceased beneficiary		Length of Service of the registered construction	_	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 place to be placed the Screening Committee for finalization/approval														
5	51. No.	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.		

	List of Applications for Marriage Assistance to be placed before the Screening Committee for finalization/approval														
SI	Name of the applicant beneficiary with Date of Birth	Aadhar No . Of Registered beneficiary	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	hank	nk me	A/c No.	IFSC	
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(x) Note:- Issued by the Registrar of Marriage

	List of Applications for Maternity Assistance to be placed before the Screening Committee for finalization/approval														
Sl. No.	. Name of the applicant beneficiary	Aadhar No . Of Registered beneficiary	Contact No	Registration No. with date	Date of Confinement	1 st or 2 nd application	Account holder name as per active bank passbook	Bank name	Bank Branch	A/c No.	IFSC No.				