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

eCF No. 587474 /3

Smti Ishanu Shah From :-

Deputy Labour Commissioner, Assam

Deputy Chief Executive officer, Assam Building & Other

Construction Workers' Welfare Board, Shram Bhawan, Guwahati-07

Tο Labour Inspector -cum- Registering Officer (Beneficiary Registration), Batadrava

Sub :-District scrutiny committee approved list

Ref. Your Letter No . LE/DHG/BOCW/SC/2019/49 dt. 16.10.2023

With reference to the subject cited above, you are hereby informed that the Scrutiny Committee approved lists 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. 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: 21-12-2024 20:54:43

Deputy Labour Commissioner, Assam,

-cum-

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

Memo No. 587474 /3 (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,-- for kind information.
- 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, 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. |
| | | | | | | | | | | | | | i l |
| | | | | | | | | | | | | | |

| 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 | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | · | | |

(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. | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |