

**Guidelines for sanction of Natural/ Accidental Death Benefit from  
Odisha Unorganised Workers' Social Security Board.**

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1. The quantum of death benefit in case of natural/ accidental death of the beneficiary would be as decided and approved by Govt. of Odisha from time to time.
2. The nominee of the deceased beneficiary will be the applicant for availing the benefit.
3. The applicant would be eligible for the benefit, only upon payment of the up to date annual contribution by the deceased beneficiary prior to his/her death.
4. The applicant is required to submit the Application for natural/ accidental death benefit alongwith the following documents to the District Labour Officer of the concerned district.
  - a. Original beneficiary Identity Card of the deceased beneficiary.
  - b. Original or copy of the money receipt towards up-to-date deposit of Annual Contribution.
  - c. Self attested copy of Death Certificate of the deceased beneficiary from the Government Medical Officer not below the rank of an Asst. Surgeon.
  - d. In case of accidental death of the deceased beneficiary, self attested copy of the Post Mortem Report, FIR or any relevant document in support of such accidental death.
  - e. In case there is more than one nominee, an affidavit of other nominees towards payment of benefit to the applicant.
  - f. Self Attested copy of the Legal Heir Certificate in case of death of nominee or non-furnishing of name of the nominee in the prescribed proforma.
  - g. Identity proof of the applicant nominee.
  - h. Self Attested copy of the first page of bank passbook of the applicant indicating details of the bank along with his/her account number.

5. The District Labour Officer is required to conduct an enquiry on the application within 30 days from the date of receipt of such application.

6. Subject to fulfilment of the eligibility criteria, the District Labour Officer would furnish a certificate for sanction and release of the benefit as follows:

"Certified that the applicant Sri/  
Smt...../ Age.....,  
Village....., Po...../ PS.....,  
Dist....., is the nominee of the deceased beneficiary  
Late....., age at the time of death.....  
years, Village....., P.O. .... P.S. ....,  
Dist....., having Registration No./ Identity Card  
No..... under Odisha Unorganised Workers' Social  
Security Board and died naturally / due to accident on ..... is  
entitled to receive an amount of Rs. .... towards natural/  
accidental death benefit from Odisha Unorganised Workers' Social  
Security Board".

7. The District Collector is required to sanction the death benefit, after which the amount would be released by the District Labour Officer to the applicant's Bank account through bank transfer only.

8. The benefit released is required to be reflected in the profile of the deceased beneficiary.

9. In case of rejection of the application due to tampering of any document or ineligibility of the applicant or any other reasons, the District Labour Officer is required to intimate the applicant about such rejection within 30 days, positively.

10. In case of detection of fraud, step to be taken for

i Recovery of the amount under the provisions of OPDR Act.

ii Necessary action against the applicant on account of fraud.

11. If any difficulty or doubt arises as to the interpretation of any of the provisions of the Scheme, the decision of the Board shall be final and binding.

**Application for Death Benefit to be extended under Odisha Unorganised Workers' Social Security Board**

(ଓଡ଼ିଶା ଅଣସଂଗଠିତ ଶ୍ରମିକ ସାମାଜିକ ସୁରକ୍ଷା ବୋର୍ଡ଼ ତରଫରୁ ମୃତ୍ୟୁ ସହାୟତା ନିମନ୍ତେ ଆବେଦନପତ୍ର)

1. Name and Address of the nominee of the deceased worker :  
ମୃତ ହିତାଧିକାରୀ ଶ୍ରମିକଙ୍କ ମନୋନିତ ବ୍ୟକ୍ତିଙ୍କ ନାମ ଓ ଠିକଣା
2. Relationship of the applicant with the deceased worker :  
ଆବେଦନକାରୀଙ୍କ ମୃତ ହିତାଧିକାରୀ ଶ୍ରମିକଙ୍କ ସହିତ ସମ୍ପର୍କ
3. Name & address of the deceased worker :  
ମୃତ ହିତାଧିକାରୀ ଶ୍ରମିକଙ୍କ ନାମ ଓ ଠିକଣା
4. Registration No. of the deceased worker :  
ମୃତ ହିତାଧିକାରୀ ଶ୍ରମିକଙ୍କ ପଞ୍ଜୀକରଣ ନମ୍ବର
5. Age and Date of birth of the deceased worker at the time of death :  
ମୃତ ହିତାଧିକାରୀ ଶ୍ରମିକଙ୍କ ଜନ୍ମ ତାରିଖ ଓ ମୃତ୍ୟୁ ସମୟରେ ବୟସ
6. Deceased Worker, whether married :  
ମୃତ ଶ୍ରମିକ ବିବାହିତ କି ?
7. Nature of death, whether Normal/ Accidental (give details) :  
ମୃତ୍ୟୁର କାରଣ, ସାମାନ୍ୟ/ ଦୁର୍ଘଟଣା ଜନିତ (ସମ୍ପୂର୍ଣ୍ଣ ବିବରଣୀ ପ୍ରଦାନ କରନ୍ତୁ) :
8. Details of documents submitted :  
ଆବେଦନପତ୍ର ସହିତ ପଠାଯାଇଥିବା ସମସ୍ତ କାଗଜପତ୍ରର ବିବରଣୀ
9. Amount of financial assistance applied for :  
ଆବେଦନ କରାଯାଇଥିବା ସହାୟତା ରାଶିର ପରିମାଣ
10. If any benefit already received from the Board for the same cause, details thereof

ଯଦି ପୂର୍ବରୁ ସମାନ କାରଣ ନିମନ୍ତେ ବୋର୍ଡ଼ ତରଫରୁ ଆର୍ଥିକ ସହାୟତା ପାଇଆଛି, ତାହାର ସମସ୍ତ ବିବରଣୀ

11. If any financial assistance already received for the same cause from any other Welfare Board/ Fund/ Government Scheme, details thereof

ଯଦି ପୂର୍ବରୁ ସମାନ କାରଣ ନିମନ୍ତେ ଅନ୍ୟ କୌଣସି କଲ୍ୟାଣ ବୋର୍ଡ଼/ ପାଣ୍ଡି ଚରଫରୁ ଆର୍ଥିକ ସହାୟତା ପାଇଅଛି, ତାହାର ସମସ୍ତ ବିବରଣୀ

### SELF-DECLARATION

ନିଜସ୍ୱ ଘୋଷଣାନାମା

I do hereby certify that the above information is true to the best of my knowledge and belief. Further I certify that I have not availed any similar benefit from any other Welfare Board/Fund /Government Scheme for this reason. If the information given by me is found false/ not true, all the benefits availed by me from the Welfare Board shall be summarily withdrawn / recovered from me and criminal proceedings as deemed proper shall be initiated against me under any suitable provisions of Law.

ଏତଦ୍ୱାରା, ମୁଁ ମୋର ପୂର୍ଣ୍ଣ ଜ୍ଞାନ, ସତ୍ୟନିଷ୍ଠା ଓ ବିଶ୍ୱାସର ସହିତ ଘୋଷଣା କରୁଅଛି କି ଯେ ମୋ ଦ୍ୱାରା ଦିଆଯାଇଥିବା ଉପରଲିଖିତ ସମସ୍ତ ତଥ୍ୟ ସମ୍ପୂର୍ଣ୍ଣ ସତ୍ୟ ଅଟେ । ପୁନଶ୍ଚ ମୁଁ ଘୋଷଣା କରୁଅଛି ଯେ ମୁଁ ଅନ୍ୟ କୌଣସି କଲ୍ୟାଣ ବୋର୍ଡ଼ / ପାଣ୍ଡି / ସରକାରୀ ଯୋଜନାରୁ ଏହି ସମାନ କାରଣ ନିମନ୍ତେ କୌଣସି ସହାୟତା ପ୍ରାପ୍ତ ହୋଇନାହିଁ । ଯଦି ମୋଦ୍ୱାରା ପ୍ରଦତ୍ତ କୌଣସି ତଥ୍ୟ ଭୁଲ୍ ବୋଲି ଜଣା ପଡ଼େ, ତେବେ ଉକ୍ତ କଲ୍ୟାଣ ବୋର୍ଡ଼ଠାରୁ ପ୍ରାପ୍ତ ସମସ୍ତ ସହାୟତା ମୋଠାରୁ ପ୍ରତ୍ୟାହାର ଅସ୍ତୁ କରାଯିବ ଏବଂ ମୋ ବିରୁଦ୍ଧରେ ଆଇନଗତ କାର୍ଯ୍ୟାନିଷ୍ଠାନ ଗ୍ରହଣ କରାଯିବ ।

Place (ସ୍ଥାନ) :

Date (ତାରିଖ) :

**Signature of the applicant/  
thumb impression**

ଆବେଦନକାରୀଙ୍କ ଦସ୍ତଖତ / ଟିପ୍ପିଚିହ୍ନ