

Guidelines for sanction of Financial Assistance for Disability due to Accident from Odisha Unorganised Workers' Social Security Board.

1. The quantum of financial assistance for disability due to accident would be as decided and approved by Govt. of Odisha from time to time.
2. The applicant beneficiary would be eligible for the benefit, only upon payment of the upto date annual contribution prior to his/her accident.
3. The applicant is required to submit the Application for assistance for disability due to accident alongwith the following documents to the District Labour Officer of the concerned district.
 - a. Self attested copy the beneficiary Identity Card.
 - b. Self attested copy of receipt towards payment of up-to-date Annual Contribution.
 - c. Documentary evidence in support of employment with the employer, if any.
 - d. Documentary evidence in support of the accident, if any.
 - e. Self attested copy of the admission ticket and original discharge ticket of the hospital in support of treatment.
 - f. If disability is resulted due to accident, document showing nature of disability and self attested copy of the Disability Certificate from the competent authority showing nature and percentage of disability.
 - g. Self attested copy of the first page of bank passbook of the applicant indicating details of the bank alongwith his/her account number.
4. The District Labour Officer is required to conduct an enquiry on the application within 30 days from the date of receipt of such application.
5. The available documents may be examined through the CDMO of the concerned district and decision of the CDMO thereon shall be final.

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 beneficiary Sri/ Smt..... S/o. //
D/o. // W/o....., age.....
Vill....., Po.....,Ps.....
Dist....., having Registration / Identity Card
No..... under Odisha Unorganised Workers' Social
Security Board has encountered with an accident on Dt.
..... atA.M./P.M. At.....,
Po....., Ps..... Dist..... and suffered
from disability resulting in (Percentage/ Nature
of disability) and is entitled to receive an amount of
Rs...../- towards financial assistance for disability due to
accident 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 beneficiary profile.
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 Cessation of membership of 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 Financial Assistance for Disability due to accident from
Odisha Unorganised Workers' Social Security Board.**

(ଓଡ଼ିଶା ଅଣସଂଗଠିତ ଶ୍ରମିକ ସାମାଜିକ ସୁରକ୍ଷା ବୋର୍ଡ଼ ତରଫରୁ ଦୁର୍ଘଟଣାଜନିତ ଅକ୍ଷମତା ଯୋଗୁଁ ଆର୍ଥିକ ସହାୟତା ନିମନ୍ତେ ଆବେଦନପତ୍ର)

1. Name and Address of the Applicant :
ଆବେଦନକାରୀଙ୍କ ନାମ ଓ ଠିକଣା
2. Age and Date of birth :
ବୟସ ଓ ଜନ୍ମ ତାରିଖ
3. Beneficiary Registration No. :
ହିତାଧିକାରୀ ପଞ୍ଜୀକରଣ ନମ୍ବର
4. Date of payment of first Annual Contribution :
(Documentary proof to be enclosed)
ପ୍ରଥମ ବାର୍ଷିକ ଦେୟ ତାରିଖ (ଉପରୋକ୍ତ ନକଲ ସଂଲଗ୍ନ)
5. Date of payment of last Annual Contribution :
(Documentary proof to be enclosed)
ଶେଷ ବାର୍ଷିକ ଦେୟ ତାରିଖ (ଉପରୋକ୍ତ ନକଲ ସଂଲଗ୍ନ)
6. Total amount of subscription :
ସମୁଦାୟ ବାର୍ଷିକ ଦେୟର ପରିମାଣ
7. Details regarding accident :
ଦୁର୍ଘଟଣାର ସମ୍ପୂର୍ଣ୍ଣ ବିବରଣୀ
8. Nature and % of disability due to accident :
ଦୁର୍ଘଟଣାଜନିତ ଅକ୍ଷମତାର ପ୍ରକାର ଏବଂ ପରିମାଣ
9. Whether treated in Government Hospital? :
If so, date of admission and date of discharge
ଯଦି ସରକାରୀ ଚିକିତ୍ସାଳୟରେ ଚିକିତ୍ସିତ ହୋଇଛନ୍ତି ତେବେ,
ଚିକିତ୍ସାଳୟରେ ଭର୍ତ୍ତି ଓ ଛାଡ଼ିବା ତାରିଖ
10. In case not treated in Government Hospital, :
Name and Address of place of treatment &
Period of treatment
ଯଦି ସରକାରୀ ଚିକିତ୍ସାଳୟରେ ଚିକିତ୍ସିତ ନହୋଇ ଅନ୍ୟ
ଚିକିତ୍ସାଳୟରେ ଚିକିତ୍ସିତ ହୋଇଛନ୍ତି, ତେବେ ଉକ୍ତ ସ୍ଥାନର
ନାମ ଓ ଠିକଣା ଏବଂ ଚିକିତ୍ସାର ଅବଧି
11. Whether the applicant was in plaster? If so, :
for how many days?
ଯଦି ଚିକିତ୍ସିତ ବ୍ୟକ୍ତି ମଲମପଟି ହୋଇଥାନ୍ତି, ତେବେ
କେତେଦିନ ହୋଇଛନ୍ତି ?
12. Details of documents submitted :
ଚିକିତ୍ସା ସମ୍ବନ୍ଧୀୟ ସମସ୍ତ କାଗଜପତ୍ର

13. Amount of financial assistance applied for :

ଆବେଦନ କରାଯାଇଥିବା ସହାୟତା ରାଶିର ପରିମାଣ

14. If any benefit already received from the Board for the same cause, details thereof :

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

15. 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 ତରଫରୁ ଆର୍ଥିକ ସହାୟତା ପାଇଥାନ୍ତି, ତାହାର ସମସ୍ତ ବିବରଣୀ

SELF-DECLARATION

ନିଜସ୍ୱ ଘୋଷଣାପତ୍ର

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 ପୂର୍ଣ୍ଣାଙ୍ଗ 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 ଅସୁଲ୍ କରାଯିବ ଏବଂ ମୋ ବିରୁଦ୍ଧରେ ଆଇନଗତ କାର୍ଯ୍ୟାନିଷ୍ଠାନ ଗ୍ରହଣ କରାଯିବ ।

Place (ସ୍ଥାନ) :

Date (ତାରିଖ) :

**Signature of the applicant/
thumb impression**

ଆବେଦନକାରୀଙ୍କ ଦସ୍ତଖତ / ଟିପ୍ପିଚିହ୍ନ