

Life certificate

(For Silicosis Rehabilitation pension & Family pension under the Welfare scheme of Silicosis Relief, Rehabilitation and treatment Policy - West Bengal)

1. I, (name of the worker/ name of the Next of Kin) (age in years).....(gender) have appeared before the undersigned personally on(date).
2. I am declaring that I am the widow/ widower of..... (name of the worker). And I am not married.
(To be filled in only by the Next of Kin who is either widow/ widower of the worker)
3. I am declaring that I am the son of..... (name of the worker). And I have not attained 18 years of age.
(To be filled in only by the Next of Kin who is the son of the worker)
4. I am declaring that I am the daughter of..... (name of the worker). And I am not married.
(To be filled in only by the Next of Kin who is the daughter of the worker)

Date:

Place:

.....
(Signature of Witness in case of LTI)

.....
(Signature /LTI of the worker/ Next of Kin)

.....
(Name of the worker/ Next of Kin)

.....
(Relationship with the worker)

Verified by:

.....
(Signature of Joint Labour Commissioner/ Deputy Labour Commissioner)

.....
(Name of Joint Labour Commissioner/ Deputy Labour Commissioner)

.....
(Jurisdiction),
West Bengal.

Recommendation by Joint Labour Commissioner/ Deputy Labour Commissioner after scrutiny

1. Details of worker and his/ her Next of Kin:

	Name	Gender	Alive/Dead	Date of Birth	Marital status
Worker					
Widow/ widower of worker					
Father of the worker					
Mother of the worker					
Son/s of the worker					
Daughter/s of the worker					

2. Rehabilitation assistance:

Name of the worker	Silicosis certificate No. with copy	Aadhar No. of the worker	EPIC No. of the worker	PAN No. of the worker	Bank Account No. of the worker	Name and Branch of Bank	IFSC code

3. Assistance on death before getting rehabilitation assistance:

Name of the worker	Aadhar No. of the worker	Silicosis certificate No. with copy	Death Certificate No. with copy	Name of the Next of Kin recommended	Relationship between the Next of Kin and the worker

Aadhar No. of the Next of Kin	EPIC No. of the Next of Kin	PAN No. of the Next of Kin	Bank Account No. of the Next of Kin	Name and Branch of Bank	IFSC code

4. Assistance on death after getting rehabilitation assistance:

Name of the worker	Aadhar No. of the worker	Silicosis certificate No. with copy	Death Certificate No. with copy	Name of the Next of Kin/ Nominee recommended	Relationship between the Next of Kin/ Nominee and the worker

Aadhar No. of the Next of Kin / Nominee	EPIC No. of the Next of Kin / Nominee	PAN No. of the Next of Kin / Nominee	Bank Account No. of the Next of Kin / Nominee	Name and Branch of Bank	IFSC code

5. Funeral assistance:

Name of the worker	Aadhar No. of the worker	Silicosis certificate No. with copy	Medical Certificate of cause of death with copy	Name of the Next of Kin recommended	Relationship between the Next of Kin and the worker

Aadhar No. of the Next of Kin	EPIC No. of the Next of Kin	PAN No. of the Next of Kin	Bank Account No. of the Next of Kin	Name and Branch of Bank	IFSC code

6. Silicosis Rehabilitation pension:

Name of the worker	Silicosis certificate No. with (Type A/B/C)	Life Certificate	Aadhar No. of the worker	EPIC No. of the worker	PAN No. of the worker	Bank Account No. of the worker	Name and Branch of Bank	IFSC code

7. Family pension:

Name of the worker	Aadhar No. of the worker	Silicosis certificate No. with copy	Death Certificate No. with copy	Name of the Next of Kin recommended	Relationship between the Next of Kin and the worker	Life Certificate

Aadhar No. of the Next of Kin	EPIC No. of the Next of Kin	PAN No. of the Next of Kin	Bank Account No. of the Next of Kin	Name and Branch of Bank	IFSC code

8. Financial assistance for education of wards:

Name of the worker	Aadhar No. of the worker	Silicosis certificate No. with copy	No. of times previously the financial assistance for education of the wards were paid in case of this worker	Name of the ward/s recommended	Copy of Admission certificate of the ward/s in the specified course	No. of times the ward/s previously received financial assistance	Amount of financial assistance proposed

Aadhar No. of the ward/s	EPIC No. of the ward/s	PAN No. of the ward/s	Bank Account No. of the ward/s	Name and Branch of Bank	IFSC code

9. Kanyadan assistance for marriage of daughter:

Name of the worker	Aadhar No. of the worker	Silicosis certificate No. with copy	No. of times previously the Kanyadan assistance for marriage of unmarried daughters were paid in case of this worker	Name of the daughter/s recommended	Copy of Marriage invitation card/s attested by the local panchayat Member / ward councillor

Aadhar No. of the daughter/s	EPIC No. of the daughter/s	PAN No. of the daughter/s	Bank Account No. of the daughter/s	Name and Branch of Bank	IFSC code

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10. Education and skill development assistance to daughter:

Name of the worker	Aadhar No. of the worker	Silicosis certificate No. with copy	No. of times previously the education and skill development assistance to daughters were paid in case of this worker	Name of the daughter/s recommended	Completion of specified education or equivalent skill development studies certificate

Aadhar No. of the daughter/s	EPIC No. of the daughter/s	PAN No. of the daughter/s	Bank Account No. of the daughter/s	Name and Branch of Bank	IFSC code

Date:

Place:

.....
(Signature of the Joint Labour Commissioner/ Deputy Labour Commissioner)

.....
(Name of the Joint Labour Commissioner/ Deputy Labour Commissioner)

.....
(Jurisdiction)

West Bengal.