

संदर्भ संख्या-भा0को0को0लि0 / श्रमशक्ति एवं नियोजन / 2024 / 766-75 CH

दिनांक: 23.01.2024

ईमेल द्वारा

**शुद्धि-पत्र**

पत्रांक संख्या 756-65(H) दिनांक 22.01.2024 द्वारा निर्गत कार्यालय आदेश में महाप्रबंधक(श्रमशक्ति एवं औ0सं0), कोल इण्डिया लिमिटेड के पत्रांक BCCL/HQ/MP&R/2020/1950-89(R) दिनांक 25/28.05.2020 को **CIL/C-5B/IR/Dependent Employment/ 33 दिनांक 28.08.2023** एवं **“आश्रित नियोजन”** के स्थान पर **“आश्रित नियोजन एवं माहवार आर्थिक मुआवजा”** पढ़ा जाय।

अन्य सभी तथ्य यथावत रहेंगे।

**सत्यप्रिय राय**  
23-01-24  
(सत्यप्रिय राय)

उप महाप्रबंधक(कार्मिक / श्रमशक्ति एवं नियोजन)

**प्रतिलिपि:-**

- निदेशक(कार्मिक), भा0को0को0लि0-सादर सूचनार्थ।
- निदेशक(वित्त)/निदेशक(तक0) (सं0/यो0 एवं परि0)/मुख्य सतर्कता पदाधिकारी के तकनीकी सचिव:-सादर सूचनार्थ।
- महाप्रबंधक(पद्धति)-कंपनी के वेबसाइट पर श्रमशक्ति एवं नियोजन विभाग के Tab/पृष्ठ पर upload करने हेतु।
- महाप्रबंधक(कार्मिक एवं औ0सं0)/ महाप्रबंधक(कार्मिक/अधि0स्था0)/ विभागाध्यक्ष/(कर्म0स्था0)-कोयला भवन।
- सभी क्षेत्रीय महाप्रबंधक-संबंधित अधिकारियों एवं सहायको को निर्देश जारी करने हेतु।
- सभी क्षेत्रीय प्रबंधक(कार्मिक)/नोडल पदाधिकारी (नियोजन)-अनुपालन हेतु।
- प्रमुख चिकित्सा सेवायें/मुख्य चिकित्साधिकारी (प्रभारी)-बीसीसीएल/कोयला नगर चिकित्सालय- अनुपालन हेतु
- प्रबंधक(कार्मिक/श्रमशक्ति एवं नियोजन) I, II एवं III-अनुपालन हेतु
- कार्यालय संचिका/सूचना पट्ट।

संदर्भ संख्या-भा0को0को0लि0 / श्रमशक्ति एवं नियोजन / 2024 / 756-65 (CH)

दिनांक: 22.01.2024

ईमेल द्वारा

### कार्यालय आदेश

एतद् द्वारा महाप्रबंधक(शक्ति एवं औ0सं0), कोल इण्डिया लिमिटेड, के पत्रांक संख्या-BCCL/HQ/MP&R/2020/1950-89(R) दिनांक 25/28.05.2020 द्वारा आश्रित नियोजन हेतु निर्गत मानक संचालन पद्धति (Standard Operating Procedure) भारत कोकिंग कोल लिमिटेड में संलग्नित Modalities (तौर-तरीकों) के साथ तत्काल प्रभाव से लागू किया जाता है। यह आदेश सक्षम पदाधिकारी के अनुमोदनोपरांत निर्गत किया जाता है।

संलग्नक:-

1. CIL-SOP
2. Modalities for syncing with CIL-SOP

स.प्र.राय  
22/01/24  
(सत्यप्रिय राय)

उप महाप्रबंधक(कार्मिक / श्रमशक्ति एवं नियोजन)

प्रतिलिपि:-

1. निदेशक(कार्मिक), भा0को0को0लि0-सादर सूचनार्थ।
2. निदेशक(वित्त)/निदेशक(तक0) (सं0/यो0 एवं परि0)/मुख्य सतर्कता पदाधिकारी के तकनीकी सचिव:-सादर सूचनार्थ।
3. महाप्रबंधक( पद्धति)-कंपनी के वेबसाइट पर श्रमशक्ति एवं नियोजन विभाग के Tab/पृष्ठ पर upload करने हेतु।
4. महाप्रबंधक(कार्मिक एवं औ0सं0)/ महाप्रबंधक(कार्मिक/अधि0स्था0)/ विभागाध्यक्ष/(कर्म0स्था0)-कोयला भवन।
5. सभी क्षेत्रीय महाप्रबंधक-संबंधित अधिकारियों एवं सहायको को निर्देश जारी करने हेतु।
6. सभी क्षेत्रीय प्रबंधक(कार्मिक)/नोडल पदाधिकारी (नियोजन)-अनुपालन हेतु।
7. प्रमुख चिकित्सा सेवायें/मुख्य चिकित्साधिकारी (प्रभारी)-बीसीसीएल/कोयला नगर चिकित्सालय- अनुपालन हेतु
8. प्रबंधक(कार्मिक/श्रमशक्ति एवं नियोजन)।,।। एवं ।।।-अनुपालन हेतु
9. कार्यालय संचिका/सूचना पट्ट।

कोल इंडिया लिमिटेड

(कंपनी महारत्न)

भारत सरकार का उपक्रम

"कोल भवन"

प्रेमाइज़ नं० 04, एमएआर प्लॉट नं० ए एफ़-III

एक्शन एरिया 1ए-, न्यू टाउन, राजारहट

कोलकाता-700163 (पश्चिम बंगाल)

सीआईएन: L23109WB1973GOI028844

दूरभाष सं : 033 7110 4224

ईमेल आईडी: gmmpnir.cil@coalindia.in

वेबसाइट : [www.coalindia.in](http://www.coalindia.in)



**Coal India Limited**

(A MAHARATNA COMPANY)

A Govt. of India Enterprise

"Coal Bhawan"

Premises No. 04, MAR Plot No. AF-III

Action Area-1A, New Town, Rajarhat

Kolkata-700163 (West Bengal)

CIN: L23109WB1973GOI028844

Phone: 033 7110 4224

Email id: gmmpnir.cil@coalindia.in

Website- [www.coalindia.in](http://www.coalindia.in)

(An ISO 9001:2015, ISO 14001:2015 and ISO 50001:2011 certified company)

**संदर्भ: CIL/C-5B/IR/Dependent Employment/33**

**दिनांक: 28.08.2023**

### कार्यालय आदेश

#### **विषय: SOP on Dependent Employment and monthly monetary compensation**

In order to streamline the process of Dependent Employment as well as monthly monetary compensation, the Standard Operating Procedure has been duly approved in the 163<sup>rd</sup> CMDs meeting held on 18<sup>th</sup> August 2023.

The copy of the SOP along with its enclosures is attached for kind perusal and implementation in your company.

भवदीय,

गौतम बनर्जी

(गौतम बनर्जी)

महाप्रबंधक (श्रमशक्ति एवं औ.सं.)

**Encl: a/a**

**सूचनार्थ:**

1. CMD, BCCL/ CCL/ CMPDIL/ ECL/ MCL/ NCL/ SECL/ WCL
2. D(P), BCCL/ CCL/ ECL/ MCL/ NCL/ SECL/ WCL
3. D(T/CRD), CMPDIL
4. GM, NEC
5. ED (Coordination)/ TS to Chairman, CIL
6. TS to Director (P & IR), CIL

# **STANDARD OPERATING PROCEDURE**

## **FOR PROCESSING DEPENDENT EMPLOYMENT AS WELL AS MONTHLY MONETARY COMPENSATION CASES**

### **UNDER NCWA**

## **STANDARD OPERATING PROCEDURE FOR PROCESSING DEPENDENT EMPLOYMENT AS WELL AS MONTHLY MONETARY COMPENSATION CASES UNDER NCWA**

1. A Helpdesk is to be opened in Area Offices and independent establishments of all Subsidiaries of CIL where employment claims are dealt independently. It will function with Skeleton Staff, having experience in dealing employment. Director (Personnel) of Subsidiaries can decide the location of Helpdesk (Unit or Area) and the structure of manpower/nodal officer etc.

***TIMELINE: Within 7 days of issuance of this Office Order.***

2. Colliery Medical Officer/ Company Hospital I/c /CMS I/c of concerned Subsidiaries, as the case may be, will disseminate death information to the Helpdesk of concerned Area/ Establishment through e-mail along with Mobile no. of the next kin, with a copy to concerned unit/establishment who in turn shall issue struck off order/addition-deletion order.

***TIMELINE: Within 3 Days of issuance of Death Certificate.***

3. In other cases where the death of employee occurred outside the jurisdiction of Company Hospital, family members will submit Death Information with death certificate and an application for employment to the concerned Unit/Establishment where Ex-employee was working before his death. After receiving the death certificate, Unit/Establishment will verify the death certificate and issue struck off order/addition-deletion order.

**TIMELINE: Within 1 year of death. However, considering the different practices at Subsidiaries, relaxation of time may be given upto 31<sup>st</sup> December 2023 for submission of application. From the year 2024, no application beyond 1 year of death will be entertained.**

4. On receipt of information from concerned Unit/Establishment along with all documents and family details, Helpdesk will request next of kin of deceased employee within 07 days through written letter communicated by post or email to visit Helpdesk office for further processing of the case as soon as possible.

**TIMELINE: Within 07 days of receiving the documents/details from Unit/ Establishment.**

5. Date of first visit of family member is to be fixed in consultation with family members of ex-employee for preparation of file (03 Sets) for employment. The Helpdesk will extend all help to the family member in preparation of the file. Instruction is to be given to Unit Personnel Executive to be present at Area Helpdesk on the same date along with Service Records of Ex-Employee for preparation of file. Unit Personnel Executive will Co-operate with Helpdesk officials in preparation of file. For monthly monetary compensation claims by Widow, only Application Form , Declaration Form , Relationship Certificate, IME, Maintenance Affidavit to be filled up.

**TIMELINE: At the earliest possible date (T).**

6. Attestation Form & Relationship Certificate (duly filled in) is to be handed over to the dependent for signature of the concerned external Authorities. Sample copy of Indemnity Bond, Maintenance Affidavit and No Objection certificate is to be handed over to the dependent for its execution before the Hon'ble Court of Executive Magistrate. Candidates will deposit those documents along with Death Registration Certificate to the Helpdesk after getting it signed by the concerned authorities.

**TIMELINE: T + 15 days**

7. After submission of Court papers and Attestation Form, Relationship Certificate, duly signed and completed in all respect by the dependent, he/she will be referred to IME Board at Area level by the Helpdesk. IME will invariably be held at Area level on two dates i.e. 1<sup>st</sup> and 15<sup>th</sup> (if the dates fall on weekly day off / holiday then the next working day) of each month. Once the documents are submitted by the claimant and file is prepared by the Helpdesk, candidate has to invariably appear in next IME date by default. A formal communication regarding the IME may also be sent by the Helpdesk latest on the next day of submission of complete documents by the dependent. During IME, if candidate is found UNFIT, further time of one (01) month will be given to the candidate for making application for Apex Medical Board and Apex Medical Board will be held at least once in each month.

**TIMELINE: T + 15 + 14 days**

8. On completion of IME/Apex Medical Board, the report in the specified format will be submitted by the Area Medical Officer of the Area or CMS I/c of the Subsidiary (as the case may be) to the Helpdesk of concerned Area.

**TIMELINE: T + 15 + 14 + 2 days.**

9. On receipt of the IME report/ Apex Medical Board, Helpdesk will advise the dependent and other family members, within 01 days, for appearing before the screening Committee at Area. Screening will invariably be done on two (02) days each month i.e. 08<sup>th</sup> and 22<sup>nd</sup> (if the date fall on weekly day off/ holiday then the next working day) immediately following the completion of IME/Apex Medical Board.

**TIMELINE: T + 15 + 14 + 2 +14 days.**

10. The Screening committee at Area/Establishment will be constituted with following members:

IN CASE OF AREA OFFICE	IN CASE OF CENTRAL WORKSHOPS
a) Unit Personnel Executive	a) Unit Personnel Executive
b) Mines Manager/ Representative	b) Manager of Workshop
c) APM / Representative	c) Manager (Finance)
d) AFM / Representative	d) Head of Workshop - <b>Chairman</b>
e) Additional GM/ GM (Project) of Area - <b>Chairman.</b>	

IN CASE OF MEDICAL ESTABLISHMENTS	IN CASE OF MRS
a) Personnel Executive	a) Personnel Executive
b) Manager (Finance)	b) Manager (Finance)
c) Doctor nominated by CMS I/c	c) Executive nominated by GM (Rescue)
d) CMO (I/c) - <b>Chairman</b>	d) Supdt. (Rescue) - <b>Chairman</b>

IN CASE OF SUBSIDIARY SALES OFFICE	IN CASE OF SUBSIDIARY HQ
a) Personnel Executive of HQ	a) Personnel Executive of HQ
b) Finance Executive of HQ	b) Finance Executive of HQ
c) HoD (Sales)- <b>Chairman</b>	c) Head of concerned dept.- <b>Chairman</b>

11. On completion of Screening, the duly signed report/ file will be submitted by the Personnel executive in the committee to the Helpdesk.

***TIMELINE: T + 15 + 14 + 2 + 14 + 2 days***

12. Helpdesk will forward the complete file including IME and Screening Committee reports duly incorporating the recommendations of AGM/ Heads of independent establishments to HoD (P&IR) or Employment Cell, as the case may be, at Subsidiary HQ.

***TIMELINE: T + 15 + 14 + 2 + 14 + 2 + 4 days***

13. On receiving files from Area/ Establishment, Subsidiary HQ will arrange to upload the status (month-wise) in the company's website and process the files, on first-come-first-serve basis, for obtaining approval of the competent authority.

***TIMELINE: T + 15 + 14 + 2 + 14 + 2 + 4 + 20 days***

14. Files having shortcomings should be returned back to the concerned Helpdesk for compliance.

***TIMELINE: T + 15 + 14 + 2 + 14 + 2 + 4 + 20 days***

15. On receipt of files with shortcomings from HQ, Helpdesk will arrange to resubmit the proposal after due rectification of shortcomings to Subsidiary HQ.

***TIMELINE: T + 15 + 14 + 2 + 14 + 2 + 4 + 20 + 15 days***

16. On receipt of the file action and timeline at Sl. No. 13 will be followed by Subsidiary HQ. The competent authority will dispose the case file within 10 days of receipt.

17. On approval of Employment, the same will be communicated by Dealing Department of Subsidiary HQ to concerned Helpdesk for intimation to the dependent.

***TIMELINE: Within 7 days of receipt of approval.***

—X—X—X—

## **GENERAL GUIDELINES**

1. CCTV Cameras with recording back up of 1 year shall be installed in all Helpdesk. Continuous viewing of CCTV will be arranged in common place and in the chamber of Area Personnel Manager/ Head of independent establishment.
2. The officer and staffs of Helpdesk shall be compulsorily transferred on completion of 3 years posting in Helpdesk.
4. Screening should be done only once through Helpdesk.
5. During screening, attempts should be made to persuade the family members to opt for monthly monetary compensation in lieu of employment. The same shall also be brought on record.
6. Age of the dependent should be reckoned from the date of death of ex-employee for the purpose of meeting the minimum age limit (18 years/12 years) and upper age limit (35 years/ 45 years) criteria.
7. Payment of monthly monetary compensation shall continue as per norms i.e. first day of the following month from which the application by the widow complete in all respect was made for monthly monetary compensation.
8. Age determination shall be done by the Subsidiaries as per norms being followed.
9. Character Antecedent report as well as other certificates may be conducted after appointment but before confirmation.
10. A certificate on the date of application for ensuring that he/she is not employed elsewhere to be taken.
11. The date of application mentioned in the application format will be treated as the date of claim. Further, the concerned Unit/Establishment will put a receipt seal on the application with date on the same day itself. Application without the receipt seal will not be treated as authentic.
12. Any process for genuineness of dependent applicant and related dependency etc. may be decided by the Subsidiaries.
13. Timeline for providing employment which is completed in all aspect is 86 days. However, delay on the part of beneficiaries/applicants shall not be included in the mentioned timeline.

—X—X—X—

**FORMS FOR DEPENDENT EMPLOYMENT  
INCLUDING SPECIMEN COPIES FOR  
AFFIDAVIT(s) TO BE SUBMITTED BY  
DEPENDENT APPLICANT**

**APPLICATION FORM TO BE FILLED BY THE DEPENDENT APPLICANT**

To,  
The .....  
..... Area/Establishment

Recent P.P.  
photograph  
self-attested  
by  
dependent  
applicant

Sub: **Application for employment under NCWA**

Dear Sir/Madam,

I, ..... Wife / Son/ Unmarried Daughter/ Husband/ Adopted Son/  
Widowed Daughter/ Widowed Daughter-in-Law/ Son-in-law/ Brother (direct/indirect dependent)  
of Late.....Ex.....,  
EIS/NEIS No..... of.....Colliery/unit/office, request you to  
please consider my application for my employment against Death of my .....  
who was a permanent employee in your office and expired on .....

The details of the candidate for whom dependent employment is being requested are as under:

1. Name of the applicant (in CAPITAL letters): .....
2. Relationship with deceased employee: .....
3. Date of Birth: .....
4. Educational/Professional/Technical Qualification: .....  
(Mention current and pursuing separately).....
5. Caste: .....
6. Marital Status: .....
7. Identification Mark:.....
8. Correspondence Home Address: .....
9. Telephone/ Mobile No:.....
10. Email (if any): .....

I hereby declare & affirm that all the information furnished above are true. In case, any of the above facts are found false, the management have the right to take action against me as well as to terminate me from the services of the company.

Yours faithfully,

**(Signature with date/LTI/RTI of dependent applicant)**

I declare that the above information is correct and I hereby nominate my  
..... named .....for dependent employment against  
death of my husband/wife.

**Signature/LTI/RTI**

Name: .....  
Wife/Husband of .....

**Received by Helpdesk:**  
**Date:**

**RELATIONSHIP CERTIFICATE**

This is to certify that Sri/ Smt .....

Wife/ Son/ Unmarried Daughter/ Husband/ Adopted Son/ Widowed Daughter/ Widowed

Daughter-in-Law/ Son-in-law/ Brother (direct/ indirect dependent) of

Late ....., Ex....., EIS/ NEIS

No..... of ..... Colliery, ..... Area, whose

photograph is affixed here below, is well known to me and is a resident

of Village ..... P.O.....

P.S....., District ....., State .....,

Pin.....

Further it is certified that he/she was residing with

Late/Sri/Smt ..... and was wholly dependent upon the earnings

of the above ex-employee. He / She bears a good moral character.

P.P. photograph of  
dependent  
applicant to be  
attested by  
Certifying  
Authority

**Signature of Certifying Authority with Seal and Date**  
**(B.D.O/M.P./M.L.A/Tehsildar/Gazetted Officer)**

## ATTESTATION FORM

1. The furnishing of false information of suppression of any factual information in the attestation form would be a disqualification and is likely to render the candidate unfit for employment under the Government.
2. If detained, convicted, debarred etc subsequent to the completion and submission of this form, the details should be communicated immediately to the company or the authority to whom the attestation form has been sent earlier, as the case may be, failing which it will be deemed to be a suppression of factual information.

If the fact that false information has been furnished or that there has been suppression of any factual information in the attestation form comes to notice at anytime during the service of a person, his service would be liable to be terminated.

1. Name in full (in CAPITAL letters) with aliases. Indicate if you have added or dropped in any stage any part of your name surname.

Surname	Name
2. Present address in full i.e. Village, Police Station, District or House Number, Lane/Street/Road, Town	
3(A) Home address in full i.e. Village, Police Station, District or House Number, Lane/Street/Road, Town	
3(B) If originally a resident of Pakistan/Bangladesh/Nepal, the address in the country and the date of migration in Indian Union.	

4. Particulars of place (with period of residence) have resided for more than one year at a time during the last five years. In case of stay abroad (including/Pakistan/Bangladesh/Nepal), particulars of all places where you have resided for more than one year after attaining the age of 21 years should be given.

From	To	Residential Address in full i.e. Village, Police Station and District or House No., Lane/Street and Town	Name of the District HQs of the place mentioned in the proceeding col.

	Name	Age/ D.O.B	Natio nality	Place of Birth	Occupatio n.If employed give designatio n & official address	Marital Status	Present Address (if dead give last address)	Permanent home address
Father								
Mother								
Wife/ Husband								
Brother								

Sister								
Son								
Daughter								
Any other dependent (mention relationship)								

5. (a) Information to be furnished with regard to sons and or daughters in case they are studying/living in a Foreign Country.

Name	Nationality by birth or by domicile	Place of Birth	Country in which studying/living with full address	Date from which living in the Country mention in previous col.

6. Nationality:

7. (a) Date of Birth \_\_\_\_\_  
 (b) Present Age \_\_\_\_\_  
 (c) Age at Matriculation \_\_\_\_\_

8. (a) Place of birth, District & State in which situated \_\_\_\_\_  
 (b) District & State which you belong \_\_\_\_\_  
 (c) District & State which to your father originally belongs \_\_\_\_\_

9. (a) Religion:  
 (b) Are you a member of Scheduled Caste, Scheduled Tribe/ Physically handicapped/ Ex-serviceman/Backward Class Community?  
 (c) Answer Yes or No and if the answer is Yes, state the name thereof.

10. Educational qualification showing places of education with years in School & College since 10<sup>th</sup> year of age

Name of School/ College with full address	Date of entering	Date of leaving	Examination passed.

**Note:** If candidate is pursuing any course at present that should also be furnished.

11. Are you holding or have at any time held an appointment under the Central or State Government or a Semi-Government or Quasi Government body or any autonomous body on a public undertaking or a private firm or Institution? If so, give full particulars with dates of employment upto date.

Period	Designation, Employment and nature of employer	Full Name and Address of employer	Reasons for leaving previous service.

(b) If the previous employment was under the Government of India/State Government/an undertaking owned or controlled by the Government of India or a State Government/an autonomous body/University/Local body.

If you had left the service on giving a month's notice under Rules of the Central Civil Service Temporary Service Rules, 1965 or any similar corresponding rules where any disciplinary proceedings framed against you or had you been called upon to explain your conduct in any matter at the time you given notice or termination of service or at a subsequent date, before your service actually terminated.

12.

- |   |        |
|---|--------|
| (a) Have you ever been arrested?  | Yes/No |
| (b) Have you ever been prosecuted?  | Yes/No |
| (c) Have you ever been kept under detention?  | Yes/No |
| (d) Have you ever been fined by a Court of Law?   | Yes/No |
| (e) Have you ever been convicted by a Court of Law for any or Offence?  | Yes/No |
| (f) Have you ever been debarred for any examination or restricted by any University or any educational authority institution? | Yes/No |
|   |        |
| (g) Have you ever been debarred, disqualified by any Public Service Commission from appearing in its examination selection?   | Yes/No |
| (h) Is any case pending against you in any court of law at the time of filling Up this attestation form?                      | Yes/No |

13. If any case pending against you in any University or any other Educational authority institution at the time of filling up the Attestation Form? Yes/No

(j) If the answer to any of the above-mentioned question if 'YES' give full particulars of the case-arrest/ detention/ file conviction/ sentence/punishment etc. and or the nature of the case and in the Court/University/Educational Authority etc. at the time of filling up this form.

**Note:**

- (i) Please also see the warning at the top of this Attestation Form.
- (ii) Specific answer to each of the question should be given by Striking out 'YES/NO' as the case may be.

14. Name of two responsible persons of your locality or two references with full address (not relations) to whom you are known.

- a)
- b)

**I certify that the foregoing information is correct and complete to the best of my knowledge and belief. I am aware of any circumstances which might impair my fitness for employment under Government.**

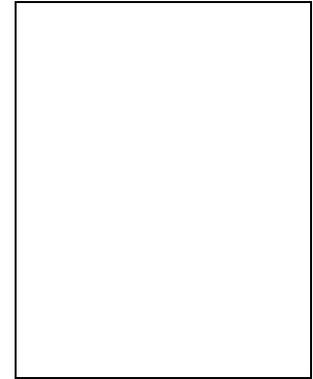
**Signature/LTI/RTI of the Candidate.**

**Date:**

**IDENTITY CERTIFICATE**  
**(part of attestation form)**

(Certificate & Photograph of the candidate to be signed by one of the following)

1. Gazetted Officer of Central or State Government
2. Member of Parliament or State Legislature belonging to the Constituency where the candidate or his parent/ guardian is originally resident.
3. Sub-Divisional Magistrate/Officer.
4. Tahasildar or Naib/Dy. Tahasildar authorised to exercise Magistrate powers.
5. Principal/Head Master of the recognised School/College/ Institution where the candidate studied last.
6. Block Development Officer & Mukhiya of Gram Panchayet.



Certified that, I know Shri/Smt./Miss ....., Son/ wife / Unmarried Daughter/ Husband/ Adopted Son of Late..... The photograph of the candidate has been attested by me and I know him/her for the last ..... years. The particulars furnished by him/her are correct to the best of my knowledge and belief.

**Signature**

Designation or Status and address with seal.

Place:

Date:

**To be filled by the Officer**

1. Name, Designation, full address of the appointing authority.:
  
  
2. Post for which the candidate is being considered:

**MARRIAGE DECLARATION CERTIFICATE**  
*(part of attestation form)*

I, Shri/Shrimati.....declare as under:

1. That I am unmarried / a widower/ a widow.
2. That I am married and have only one wife living.
3. That I am married and my husband has no other wife living. Application for grant of exemption enclosed.

I solemnly affirm that the above declaration is correct and I understand that in the event of my declaration being found to be incorrect after my appointment I shall be dismissed from the service.

Date:

Place:

**(Signature of the Applicant)**

**DECLARATION BY TWO PERMANENT EMPLOYEES HAVING MINIMUM FIVE YEARS  
OF SERVICE LEFT  
(only literate employees)**

We, the employee of ..... Colliery/Unit, .....Area/  
Establishment certify that Sri/Miss/Smt..... is the Wife /  
Son/ Unmarried Daughter/ Husband /Adopted Son/Widowed Daughter/Widowed Daughter-in-  
Law/ Son-in-law/ Brother (direct/indirect dependent) of Late .....  
who was an employee, designated as ....., U.Man No..... of  
.....Colliery, .....Area.

Sri/Smt/Miss(Name of applicant)..... is a  
permanent resident of Village....., P.O..... P.S.....,  
Pin....., Dist..... . We know the aforesaid ex-employee and his/her said Wife /  
Son/ Unmarried Daughter/ Husband/Adopted Son/Widowed Daughter/ Widowed Daughter-in-  
Law/Son-in-law/Brother (direct/indirect dependent) of Late .....personally.

During the course of investigation, if at any stage, the relationship as certified by us is found  
wrong then we shall be liable for any action leading to summarily dismissal from employment for  
giving false certificate about relationship and we will not make appeal to any court of law about  
the action of management.

1. Signature.....

2. Signature.....

Name:

Name:

Designation:

Designation:

Date of Birth:

Date of Birth:

Place of Posting:

Place of Posting :

U.Man No. :

U.Man No. :

Date:

Date:

The above declaration is given in my presence.

SIGNATURE

Date:

Name: .....

Seal:

Designation:.....

Place of posting:

**NO EMPLOYMENT/ OCCUPATION CERTIFICATE**

I, Shri/Smt/Miss.....declare that I am not engaged in any occupation/business/employment of any company at the time of application for employment against my deceased .....(relation) Late.....

I solemnly affirm that the above declaration is correct and I understand that in the event of my declaration being found to be incorrect during or after my appointment I am liable to disciplinary action as per extant rule and my candidature may be summarily rejected or my employment terminated.

Date :

Place :

**(Signature of the Dependent Applicant)**

**SPECIMEN COPY OF AFFIDAVIT DECLARING MARITAL STATUS**  
**(in case applicant is unmarried daughter)**

This is to certify that Smt./Miss..... is the wife/unmarried daughter of Late/Sri..... Ex-....., PIS/U.Man No..... of ..... Colliery/Unit, .....Area.

Further it is certified that marital status of Smt./Miss.....  
..... is still widow/unmarried daughter whose photograph is pasted below and attested by me.

Recent PP size photograph of the candidate duly attested by certifying official.
--

**Signature of Certifying Authority with Seal and Date**  
**(B.D.O/M.P./M.L.A/Tehsildar/Gazetted Officer)**

**SPECIMEN COPY OF NO OBJECTION CERTIFICATE IN THE FORM OF AFFIDAVIT**  
**(to be executed before the Executive Magistrate)**

**Important Note:**

- a) In case, dependent applicant is spouse (self), not required from other dependents.
- b) If spouse is nominating any dependent, then not required from other dependents.
- c) In absence of spouse ONLY, NOC required from all dependents

I, Smt/Sri..... wife/husband of Late/Sri/Smt ..... aged about ..... years by faith Hindu by occupation ....., Permanent resident of Village....., P.O ....., P.S. ...., District ....., State ....., at present residing at ..... Post & P.S. ...., District ....., State ....., do hereby solemnly affirm on oath and declare as follows:

That my husband/wife..... son/daughter of Late..... was an employee of .....Colliery/Unit/Area/Establishment..... having PIS/U.Man.,No.....,CMPF Account No....., Designation as .....who expired while in harness on..... leaving behind following persons as his/her legal heirs and dependents.

Sl.No.	Name	Relationship	Age (aged about ... years)
--------	------	--------------	----------------------------

That I intend to provide service to my Son/Adopted son/ Unmarried daughter of Late/Sri/Smt..... against death/termination of my husband/wife named..... as per NCWA and I have **NO OBJECTION** if employment is provided to my Son/Adopted son/ Unmarried daughter named.....

That the relationship between me and my aforesaid Son/Adopted son/ Unmarried daughter is correct and genuine, if it is found false then my Son/Adopted son/ Unmarried daughter will be liable to be dismissed from his/her service.

That I am affixing the photo of myself and my Son/Adopted son/ Unmarried daughter named..... in this affidavit for proper identification and it may be treated as a part of this affidavit. That I am swearing this affidavit and submit it before the concerned authority of (Name of Company) for the service of my Son/Adopted son/ Unmarried daughter named ..... against death of my husband/wife named ..... as per NCWA.

PP  
 photograph  
 of the  
 Deponent.

PP  
 photograph  
 of the  
 Candidate.

**VERIFICATION**

The statements made above are true to the best of my knowledge and belief and I sign this here at .....

Solemnly affirmed before me by the deponent who is duly identified by Sri .....  
 .....Advocate,.....

**Deponent**

**Executive Magistrate**.....

Identified by me (Advocate.....)

**NOTE: Strike off whichever is not applicable.**

**SPECIMEN COPY OF INDEMNITY BOND**

**(to be executed before the Executive Magistrate)**

THIS INDEMNITY BOND is made on this the .....day of.....20....by Sri .....of Late....., aged about.....years, by faith....., by profession- unemployment youth, resident of village-....., P.O....., P.S....., District....., State..... hereinafter referred to as the '**OBLIGOR**' of the **ONE PART**.

AND

(1) Sri.....son of Late/Shri/Smt ....., aged about .....years, by faith....., by profession Service as..... at.....of.....Area under M/S .....(NAME OF COMPANY), Vide PIS/UMan No....., From 'B' No....., CMPF A/C No....., Date of birth....., Date of appointment....., a resident of Village....., P.O....., P.S....., District....., State.....

AND

(2) Sri.....son of Late/Shri/Smt....., aged about .....years, by faith....., by profession Service as..... at.....of.....Area under M/S .....(NAME OF COMPANY), Vide PIS/ U Man No....., From 'B' No....., CMPF A/C No....., Date of birth....., Date of appointment....., a resident of Village....., P.O....., P.S....., District....., State.....,hereinafter jointly referred to as the '**SURETIES**' of the **ONE PART**.

IN FAVOUR OF .....of .....Area under .....(NAME OF COMPANY), a Company within the meaning of Company's Act 1956 having its registered head office at.....(COMPANY ADDRESS )hereinafter referred to as the '**OBLIGEE**' of the '**OTHER PART**'.

AND WHEREAS .....son of Late .....i.e. father of the 'OBLIGOR' was a permanent employee as .....at .....of .....Area under M/S Eastern Coalfields Limited vide U.Man No....., Form 'B' No....., CMPF A/C No....., date of birth.....date of appointment....., a resident of village-....., P.O....., P.S....., District....., State.....and said .....died on.....at.....leaving behind him the following persons as his only legal heirs and dependents.

<u>Name</u>	<u>Relationship with the deceased</u>	<u>Age</u>
1.		
2.		

AND WHEREAS as per rule and circulars of the Company and as per National Coal Wage Agreement one of the dependents family members of deceased employee.....is entitled to get an employment with the "OBLIGEE" .....(NAME OF COMPANY) against the death of said .....while he was in service and the "OBLIGOR" Sri.....has applied the 'OBLIGEE' for getting the employment against the death of said .....and the other family members of deceased employee.....have passed their full consent and no objection in favour of the 'OBLIGOR' Sri.....for getting the employment to the said 'OBLIGEE' and with considering the application the company has asked for an INDEMNITY BOND for purpose of certifying the relationship and genuinity between the 'OBLIGOR' Sri.....and deceased employee.....

AND WHEREAS the 'OBLIGOR' and the 'SURETIES' do hereby solemnly affirm and declare that the 'OBLIGOR' is the son of deceased employee.....and the sons and daughter SI No. to hereinabove are begotten from the wedlock of .....(since deceased) and Smt.....and now all family members are living jointly and if the employment is made in favour of the said 'OBLIGOR' Sri.....no interest of them will be harmed and the contents of this declaration are true to the best of their knowledge and belief.

FURTHER IN CONSIDRATION OF the aforesaid BOND the 'OBLIGOR' and the 'SURETIES' No. 1)..... and No. 2)..... do hereby bind themselves, their heirs, successors, executors, administrators and as signs jointly and the severally to keep the 'OBLIGEE' .....(NAME OF COMPANY), its agent, servants, successors, executors, administrators and assigns harmless and indemnified against all losses, injuries, costs, damages, and expenses together with interest which the 'OBLIGEE' might suffer by reason of offering the employment to the 'OBLIGOR' Sri.....against the death of his father.....

AND WHEREAS the 'OBLIGOR' Sri.....applied for the employment to the Company and now there the said 'OBLIGOR' and the 'SURETIES' No.1).....and No. 2)..... do hereby bind themselves on condition that in case in the event of relationship between the 'OBLIGOR' Sri.....and deceased employee..... is proved to be false then the said 'SURITIES' and the 'OBLIGOR' to whom the employment will be given under the rules and circulars of the company will be summarily dismissed.

IN WITNESSTH WHEREOF the 'OBLIGOR', 'SURETIES' and the WITNESSES have hereto at.....court signed and delivered this Bond on this day, month and year first above written.

PP photograph  
of the obligor.

-:WITNESSES:-

1) (SIGNATURE OF THE OBLIGOR)

2) (SIGNATURE OF THE FIRST SURETY)

(SIGNATURE OF THE SECOND SURETY)

(Read over and explained to the signatories and they have put their signature/LTI/RTI in my presence and indentified by me).

ADVOCATE:-  
ENL NO.

(Executive Magistrate)

**SPECIMEN COPY OF MAINTENANCE AFFIDAVIT BY THE APPLICANT**

**(to be executed before the Executive Magistrate)**

I, Sri/Smt/Miss..... widowed wife/husband/son/adopted son/unmarried daughter of Late/Sri ....., aged about..... years, by faith....., by profession-unemployment youth, resident of Village-....., P.O....., P.S....., Pin....., District....., State..... do hereby solemnly affirm and declare that the statements made below are true to the best of my knowledge and belief.

- 1) That my husband/wife/father/mother.....was employed as ....., U.Man No.....at .....colliery,.....Area under M/S ....(NAME OF COMPANY).
- 2) That my husband/wife/father/mother.....expired/terminated on .....at.....while he/she was in service with the company.
- 3) That if I join in service on behalf of my deceased husband/wife/father/mother .....then no objection from anybody else or in my family members will arise.
- 4) **That in the event of my employment I will look after the dependant family members of ex-employee i.e. my husband/wife/father/mother named Late/Sri..... and also declare and undertake that if I fail to maintain them then management may share 50% of my salary for their maintenance.**
- 5) That I am affixing the photograph of myself in this affidavit for proper identification and it may be treated as a part of this affidavit.

PP size photograph of the deponent.
---

Sworn and signed this AFFIDAVIT on this the .....day of .....20.... at ..... court.

**VERIFICATION**

Solemnly affirmed before me by  
the deponent who is duly  
identified by Sri .....  
..... Advocate,.....

The statements made above are  
true to the best of my knowledge  
and belief and I sign this verification  
here at .....

**Deponent**

**Executive Magistrate.....**

**FORMS FOR MONTHLY MONETARY  
COMPENSATION INCLUDING SPECIMEN  
COPIES FOR AFFIDAVIT(s) TO BE  
SUBMITTED BY WIDOW**

**APPLICATION FORM FOR MONTHLY MONETARY COMPENSATION (MMC)**

To,  
The .....  
..... Area/Establishment

Recent P.P. photograph self-attested by MMC applicant
--

Sub: **Application for monthly monetary compensation under NCWA**

Dear Sir/Madam,

I, ..... Widow of  
Late.....Ex.....,  
EIS/NEIS No..... of.....Colliery/unit/office, request you to  
please consider my application for my monthly monetary compensation against Death of  
my ..... who expired on .....

1. Name of the MMC applicant (in CAPITAL letters): .....
2. Relationship with deceased employee: .....
3. Date of Birth/Age: .....
4. Educational/Professional/Technical Qualification: .....
5. Caste: .....
6. Marital Status: .....
7. Identification Mark:.....
8. Correspondence Home Address: .....
9. Telephone/ Mobile No:.....
10. Email (if any): .....

**DATE:**

I declare that the above information is correct.

Yours faithfully,

**(Signature/LTI/RTI of applicant)**

**Received by Helpdesk:**

**Date:**

**RELATIONSHIP CERTIFICATE**

This is to certify that Smt ..... Widow  
of Late ....., Ex....., EIS/ NEIS  
No..... of ..... Colliery, ..... Area, whose  
photograph is affixed here below, is well known to me and is a resident  
of Village ..... P.O.....  
P.S....., District ....., State .....,  
Pin.....

He / She bears a good moral character.

P.P. photograph of  
candidate to be  
attested by  
Certifying  
Authority

**Signature of Certifying Authority with Seal and Date**  
**(B.D.O/M.P./M.L.A/Tehsildar/Gazetted Officer)**

**DECLARATION IN FAVOUR OF MMC APPLICAN GIVEN BY TWO PERMANENT  
EMPLOYEES HAVING MINIMUM FIVE YEARS OF SERVICE LEFT  
(only literate employees)**

We, the employee of ..... Colliery/Unit, .....Area/  
Establishment certify that Smt..... is the Widow of Late  
..... who was an employee, designated as  
....., U.Man No..... of .....Colliery,  
.....Area.

Smt (Name of applicant)..... is a  
permanent resident of Village....., P.O..... P.S.....,  
Pin....., Dist..... . We know the aforesaid ex-employee and his Wife of Late  
.....personally.

During the course of investigation, if at any stage, the relationship as certified by us is found wrong then we shall be liable for any action leading to summarily dismissal from employment for giving false certificate about relationship and we will not make appeal to any court of law about the action of management.

1. Signature.....  
Name:  
Designation:  
Date of Birth:  
Place of Posting:  
U.Man No. :  
Date:

2. Signature.....  
Name:  
Designation:  
Date of Birth:  
Place of Posting :  
U.Man No. :  
Date:

The above declaration is given in my presence.

Date:  
Seal:

SIGNATURE

Name: .....  
Designation:.....

**SPECIMEN COPY OF MAINTENANCE AFFIDAVIT BY THE MMC APPLICANT**

**(to be executed before the Executive Magistrate)**

I, Smt..... widowed wife of Late ....., aged about..... years, by faith....., by profession-....., resident of Village-....., P.O....., P.S....., Pin....., District....., State..... do hereby solemnly affirm and declare that the statements made below are true to the best of my knowledge and belief.

- 1) That my husband .....was employed as ....., U.Man No.....at .....colliery,.....Area under M/S ....(NAME OF COMPANY).
- 2) That my husband .....expired/terminated on .....at.....while he/she was in service with the company.
- 3) That if I receive monthly monetary compensation on behalf of my deceased husband .....then no objection from anybody else or in my family members will arise.
- 4) **That in the event of my receiving monthly monetary compensation, I will look after the dependent family members of my husband i.e. .... and also declare and undertake that if I fail to maintain them then management may share my salary for their maintenance.**
- 5) That I am affixing the photograph of myself in this affidavit for proper identification and it may be treated as a part of this affidavit.

PP size  
photograph of the  
deponent.

Sworn and signed this AFFIDAVIT on this the .....day of .....20.... at ..... court.

**VERIFICATION**

Solemnly affirmed before me by  
the deponent who is duly  
identified by Sri .....  
..... Advocate,.....

The statements made above are  
true to the best of my knowledge  
and belief and I sign this verification  
here at .....

**Deponent**

**Executive Magistrate.....**

# **OFFICE USE FORMS**

**ISSUANCE OF NAME STRUCK OFF ORDER**  
**(to be executed by the unit/establishment)**

This is to certify that Late/Sri/Smt .....  
Designation .....EIS/ NEIS No..... of ..... Colliery,  
.....Area/ Establishment,.....Subsidiary was on the Muster  
Roll of the Company unto death/ termination. His / Her name has been deleted from the Muster Roll  
of the company on and from ..... due to death / termination.

Further it is certified that no one has been offered employment or monthly monetary compensation  
in lieu of employment against death/ termination of Late/Sri  
.....). The claim of employment in favour of  
Sri/Smt/Miss..... Husband/Widowed  
wife/Son/Adopted Son/ Unmarried Daughter of Late/Sri/Smt .....  
is being processed first time since found to be in order and neither any claim of employment nor  
monetary compensation in favour of any dependent family member of Late/Sri/  
Smt..... has been processed earlier.

**Manager/Personnel Executive**

Name:

Designation:

Date:

Seal:

**SPECIMEN COPY OF SINGLE EMPLOYMENT NOTING PROPOSAL**

Ref.

Date:

**SUBJECT: CLAIM OF EMPLOYMENT UNDER NCWA.**

**Particulars of the deceased employee**

1	Name	
2	Designation	
3	Unique Man Number/PIS	
4	CMPF Number	
5	Place of posting (Unit/ Area/ Establishment)	
6	Date of Appointment	
7	Date of Birth	
8	Scheduled Date of Superannuation	
9	Last Date of working	
10	Date of Death	
11	Death Certificate issued by	
12	Gap between last date of working & Date of Death and reasons thereof.	

**Particulars of Dependent Applicant**

1	Name of the candidate	
2	Relationship with employee	Son/ wife / Unmarried Daughter/ Husband/Adopted Son Widowed daughter/ Widowed Daughter in Law/Son in Law
3	Educational Qualification	
4	Date of Birth (As per IME Report dated...../Admit Card/Certificate of Secondary Examination)	
5	Findings of IME Report	
6	Whether incorporated in Company's record during service period of the Ex-employee. If not, specify the record basing on which proposal is processed.	
7	Date of application	
8	Aadhaar No.	
9	PAN card No.	
10	SC / ST / OBC/PWD	

**Recommendation:** Claim of employment of Sri/Smt/Kumari ..... Son/ wife / Unmarried Daughter/ Husband/Adopted Son of ..... Ex-..... of..... Colliery is examined and found in order as per NCWA and other guidelines of the company. Candidate is Fit for employment and also is of employable age as per IME report dated..... . Recommended for employment of Sri/Smt/Kumari..... under NCWA.

If not recommended, reasons thereof:

**Member 1**

Name:

Designation:

Date:

**Member 2**

Name:

Designation:

Date:

**Member 3**

Name:

Designation:

Date:

**Member 4**

Name:

Designation:

Date:

Recommended for employment of Sri/ Smt/ Kumari .....  
..... Son/ wife / Unmarried Daughter/ Husband/Adopted Son of Late/ Sri/ Smt/  
....., Ex-..... of ..... Colliery as per  
NCWA.

If not recommended, reasons thereof:

**Signature of General Manager of the Area.**

Name:

Date:

Seal:

**Recommendation:** The employment proposal, duly forwarded and recommended by the Unit & Area as per NCWA, is hereby processed with above details for offering employment as Time Rated (Trainee) Underground/ Surface with initial Basic wages of Cat-I for six months training period as per NCWA.

If not recommended, reasons thereof:

**Dealing Executive, HQ**

**Seal:**

**General Manager (P&IR) of the Company**

**Competent Authority**

**Procedures to be followed at BCCL for implementation of CIL SOP for employment to dependent cases in consonance with BCCL's SOP**

Sl. No.	Provisions under SOP_CIL	Provisions under SOP_BCCL	Procedure to be followed for implementation/ Syncing with CIL's SOP
1	<p>A Helpdesk is to be opened in Area Offices and independent establishments of all Subsidiaries of CIL where employment claims are dealt independently. It will function with Skeleton Staff, having experience in dealing employment, headed by a dedicated Personnel Executive as Nodal Officer.</p> <p><b>TIMELINE: Within 7 days of issuance of this Office Order</b></p>	<p>At Area office Area Nodal Officer has been appointed / nominated for the purpose specifically for receiving and processing the employment claims to dependents dying in harness.</p>	<p>Provisions of CIL's SOP to be followed.</p> <p>Helpdesk for executive dependent will function at EE deptt. Helpdesk for HQ establishment will function at NEE deptt.</p> <p>Action :- AGM/APM/ GM(EE)/ GM(NEE)</p>
2	<p>Colliery Medical Officer/ Company Hospital I/c /CMS I/c of concerned Subsidiaries, as the case may be, will disseminate death information to the Helpdesk of concerned Area/ Establishment through e-mail along with Mobile no. of the next kin.</p> <p><b>TIMELINE: Within 3 Days of issuance of Death Certificate.</b></p>	<p>Death information to be submitted at Unit / establishment/Area where the ex-employee was working.</p> <p>Responsibility: Dependent of Ex-employee.</p> <p><b>Time Line: Within 1 year of death.</b></p>	<p>Provisions of CIL's SOP to be followed.</p> <p>Action :- CMS/CMO (I/C) /AMO (I/C)/ MO (I/C)</p>
3	<p>In other cases where the death of employee occurred outside the jurisdiction of company hospital, family members will have to submit Death Information and an application for employment to the Helpdesk of concerned Area/Establishment where the employee was employed.</p> <p>TIMELINE: Within 1 year of death.</p>		<p>Action :- Concerned dependent/ Unit Pers (I/C)/ Nodal Officer</p>

4	<p>On receipt of information from concerned Unit/ Establishment along with all documents and family details, Helpdesk will request next of kin of deceased employee within 07 days through written letter communicated by post or email to visit Helpdesk office for further processing of the cases as soon as possible.  <b>TIMELINE: Within 7 Days of receiving of Death Information.</b></p>	<p>On receipt of death information concerned unit/ area/ establishment sends condolence message to the spouse of ex-employee.</p> <p>On receipt of death information the concerned Unit Personnel Executive will submit the attested shadow copy of following documents before the Area Nodal Officer positively <b>within 7 days</b>: Copy of Service Book/SRE Copy of PS-3/PS-4 Copy of Form-F, Form-B, Form-A, LTC/LLTC Record. Copy of Health Card Issue Register On roll certificate (in original) Deletion format &amp; Order (in original).</p>	<p><b>Provision may be incorporated as below:</b></p> <p>On receipt of death information the concerned Unit Personnel Executive will submit the attested shadow copy of following documents before the Area Nodal Officer positively <b>within 7 days</b>: along with Copy of Service Book/SRE Copy of PS-3/PS-4 Copy of Form-F, Form-B, Form-A, LTC/LLTC Record. Copy of Health Card Issue Register On roll certificate (in original) Deletion format &amp; Order (in original).</p> <p><b>This will facilitate helpdesk / Area Nodal officer to examine the case in transparent and Robust manner.</b></p> <p><b>Provision of issuance of condolence message will continue with request to visit helpdesk for obtaining necessary help for submission of claims.</b></p> <p>Action :- Unit/ Establishment personnel (I/C)</p>
5	<p>Date of first visit of family member is to be fixed in consultation with family members of the ex-employee for preparation of file (3 sets) for employment. The Helpdesk will extend all help to the family member in preparation of the file. Instruction is to be given to Unit Personnel executive to be present at Area Helpdesk on the same date along with service records of ex-employee for preparation of file. Unit personnel executive will cooperate with Helpdesk Officials in preparation of file. For monthly monetary compensation claims by Widow, only Application Form, Declaration Form, Relationship Certificate, IME, Maintenance Affidavit to be filled up.  <b>TIMELINE: At the earliest possible date (T).</b></p>	<p>Procedural formalities for obtaining employment / Monetary compensation is communicated to dependent of ex-employee enclosing the forms / access for forms vide the condolence message being served by unit on receipt of death information.</p> <p>Also deletion order is issued.</p>	<p>Provisions of CIL's SOP to be followed.</p> <p>However, availability of shadow file from unit will obviate presence of Unit personnel (I/C).</p> <p>Action :- Helpdesk (I/C) / dependent</p>

6	<p>Attestation Form &amp; Relationship Certificate (duly filled in) is to be handed over to the dependent for signature of the concerned Authorities. Sample copy of Indemnity Bond, Maintenance Affidavit and specimen of “No Objection” is to be handed over to the dependent for its execution before the Hon’ble Court of Executive Magistrate. Candidates will deposit those documents along with Death Registration Certificate to the Helpdesk after getting it signed by the concerned authorities.</p> <p>TIMELINE: T + 15 days</p>	<p>Claimant have to submit all the documents after getting signed by concerned BDO/CO/State Authorities along with other requisite documents(as per SOP), affidavits &amp; Indemnity Bond etc to Area Nodal Officer for further formalities.</p> <p>Time Line : Within 1 Year of death</p>	<p>Provisions of CIL’s SOP to be followed.</p> <p>As far as requisite documents are concerned i.r.to claimants ,the documents illustrated in table – 1 (Revised) of BCCL’s SOP be adhered to. As soon as claims are received same will be entered in UTKARSH Portal and to be updated on regular interval.</p> <p>Action :- Nodal Officer Helpdesk / dependent</p>
7	<p>After submission of Court papers and Attestation Form, Relationship Certificate, duly signed and completed in all respect by the dependent, he/she will be referred to IME Board at Area level by the Helpdesk. IME will invariably be held at Area level on two dates i.e. 1st and 15th (if the dates fall on weekly day off / holiday then the next working day) of each month. Once the documents are submitted by the claimant and file is prepared by the Helpdesk, candidate has to invariably appear in next IME date by default. A formal communication regarding the IME may also be sent by the Helpdesk latest on the next day of submission of complete documents by the dependent. During IME, if candidate is found UNFIT, further time of one (01) month will be given to the candidate for making application for Apex Medical Board and Apex Medical Board will be held at least once in each month.</p> <p>TIMELINE: T + 15 + 14 days</p>	<p>Nodal officer will notify a date on which family members of the deceased/claimant and concerned Unit management will be called for Screening and signing the documents/claim form to complete the formalities for placing the file before Area Screening committee through Area Personnel Manager giving a copy of the letter to the claimant without waiting for verification report. Complete claim form along with checklist and supporting documents, as tabulated in Table-1 and Table-2, duly attested by Unit Personnel Executive/ Dealing officer will be submitted to MP&amp;R deptt. within 30 days of receipt of claim form along with requisite documents and recommendations of the Area Screening Committee. The 15th and 28th day of each month will be tentatively notified for above purpose on which all the cases received will be jointly scrutinized and necessary signatures will be obtained by Nodal Officer. In case of holiday on above dates the next working day will be fixed by default.</p>	<p>Provisions BCCL’s SOP to be followed.</p> <p>Files will be forwarded to HQ subject to fitness by conducting Area screening. Normally screening will be done on two dates i.e. 8th and 22nd (if the dates fall on weekly day off / holiday then the next working day). Timeline to be complied as indicated in CIL’s SOP.</p> <p>Action :- APM/ Helpdesk Nodal Officer / dependent</p>

8	<p>On completion of IME/Apex Medical Board, the report in the specified format will be submitted by the Area Medical Officer of the Area or CMS I/c of the Subsidiary (as the case may be) to the Helpdesk of concerned Area. TIMELINE: T + 10 + 14 + 2 days</p>	<p>Claimants will be referred by MP&amp;R department to the Initial Medical Examination Board for ascertaining Medical Fitness before issuance of sanction letter for employment by Hq. Further, where age assessment is required, such cases will be referred to age assessment board (AAB) by the MP&amp;R department prior to obtaining final approval of competent authority for employment.</p>	<p>BCCL's SOP to be followed. Claimants will be centrally referred to KNH/ IME board for their IME. IME will be conducted on two days (atleast) i.e. on 1<sup>st</sup> and 15<sup>th</sup> of every month, if the dates fall on weekly day off / holiday then the next working day.</p>
9	<p>On receipt of the IME report, Helpdesk will advise the dependent and other family members, within one day, for appearing before the Screening Committee at Area. Screening will invariably be done on two dates each month i.e., 8th and 22nd (if the dates fall on weekly day off / holiday then the next working day) immediately following the completion of IME. TIMELINE: T + 10 + 14 + 2 + 14 days</p>	<p>The Medical Board at Koyla Nagar Hospital will ensure completion of IME and Age assessment (Wherever required) within one month period from receipt of letter. CMS I/c Hq will ensure conducting IME at least twice in month. The IME report will be submitted to MP&amp;R department with a copy to Area Personnel Manager by the Convener of the I.M.E. Board within 03 Days of IME .</p>	<p>IME report will be furnished to MP&amp;R department with additional copy to Area for claimant &amp; Area record by IME board, Koyla Nagar Hospital.</p> <p>Action :- CMS/ CMO (I/C), KNH</p>
10	<p>The Screening committee at Area/Establishment will be constituted with following members:  <b>IN CASE OF AREA OFFICE:</b>  a) Unit Personnel Executive  b) Mines Manager/ Representative  c) APM / Representative  d) AFM / Representative  e) Additional GM/ GM (Project) of Area - Chairman.  <b>IN CASE OF CENTRAL WORKSHOPS:</b>  a) Unit Personnel Executive  b) Manager of Workshop  c) Manager (Finance)  d) Head of Workshop – Chairman  <b>IN CASE OF MEDICAL ESTABLISHMENTS:</b>  a) Personnel Executive  b) Manager (Finance)  c) Doctor nominated by CMS I/c  d) CMO (I/c) - Chairman  <b>IN CASE OF MRS:</b>  a) Personnel Executive  b) Manager (Finance)  c) Executive nominated by GM (Rescue)  d) Supdt. (Rescue) - Chairman</p>	<p><b>For Areas The Screening committee will consist of the following members:</b>  1. Personnel Executive of the Unit concerned.  2. Manager of the Unit concerned.  3. Addl. General Manager/SO(Mining) who will function as a Chairman of the committee.  4. Area Personnel Manager  5. Area Finance Manager  6. Area Nodal Officer will act as Coordinator.</p> <p><b>For Hq. unit/establishments For applications ir.o. Non-Executive The Screening Committee will consist of the following Screening Committee members:</b>  1. GM(NEE)/HOD(NEE) as Chairman  2. Dealing Personnel Executive of the department  3. Representative of Finance/Pay Section.  4. An executive from the department establishment concerned.</p>	<p>Screening Committee will be standardized with specified officers indicated in CIL's SOP for the cases related to :  -Area  -Establishment / HQ. Unit(For non-Executive dependent )  -Executive dependent claims(irrespective of Area /Estb.)</p> <p>Practice being followed at BCCL regarding submission of claims related to executive dependents at executive establishment department will continue.</p> <ul style="list-style-type: none"> <li>Nodal Officer (Helpdesk) will continue to act as coordinator for Area Screening committee.</li> <li>Standard format for Area Screening report is being attached for parity across company.</li> </ul> <p>Action :- GM (EE/ NEE)/ APM / Nodal Officer Helpdesk</p>

	<p><b>IN CASE OF SUBSIDIARY SALES OFFICE:</b>  a) Personnel Executive of HQ  b) Finance Executive of HQ  c) HoD (Sales)- Chairman</p> <p><b>IN CASE OF SUBSIDIARY HQ:</b>  a) Personnel Executive of HQ  b) Finance Executive of HQ  c) Head of concerned dept.- Chairman</p>	<p><b>For applications i.r.o. Executives</b>  1. GM(EE)/HOD(EE) as Chairman  2. Dealing Personnel Executive of the department.  3. Representative of Finance/Pay Section.  4. An executive from the Area/Unit/Deptt./Establishment Concerned</p>	
11	<p>On completion of Screening, the duly signed report/file will be submitted by the Personnel executive in the committee to the Helpdesk.  TIMELINE: T + 15 + 14 + 2 + 14 + 2 days</p>	<p>Nodal Officer will scrutinize the claim form and reconcile the data/information with Service record, PS-3, PS-4, Form-F, Fom-A etc.  Nodal Officer will send the certificates and attestation form etc. to concerned authority for necessary verification and copy of such letters are to be attached in the claim file.</p>	<p>Provisions of CIL's SOP to be followed.</p> <p>Action :- Nodal Officer Helpdesk</p>
12	<p>Helpdesk will forward the complete file including IME and Screening Committee reports duly incorporating the recommendations of AGM/ Heads of independent establishments to HoD (P&amp;IR) or Employment Cell, as the case may be, at Subsidiary HQ.  TIMELINE: T + 15 + 14 + 2 + 14 + 2 + 4 days</p>	<p>All the relevant columns in old and new checklist are to be filled up by Area concerned and along with signature and seal of concerned authorities in checklist and application form. Thereafter the file will be forwarded to MP&amp;R department for further processing along with Area Screening committee report.</p>	<p>The claims along with prescribed forms, noting sheet, Area screening committee report and other requisite documents mentioned in table – 1 and 2 of revised BCCL's SOP will be forwarded to HQs (MP&amp;R Department) with due recommendation of Area authority complying the timeline mentioned in CIL's SOP.  While sending the file to HQ, reference No. generated by UTKARSH Portal will be mandatorily mentioned on the body of letter/file.</p>
13	<p>On receiving files from Area/ Establishment, Subsidiary HQ will arrange to upload the status (month-wise) in the company's website and process the files, on first-</p>	<p>On receipt of employment claim file from Area concerned, MP&amp;R department will check / Scrutinize the files and discrepancies if any will be notified to the Areas concerned which will</p>	<p>As BCCL is using UTKARSH portal, the claimants may directly view the status of claims on their mobile phone/ website of</p>

	<p>come-first serve basis, for obtaining approval of the competent authority. TIMELINE: T + 15 + 14 + 2 + 14 + 2 + 4 + 20 days</p>	<p>be corrected / completed by the Unit/Claimant concerned. Presently at BCCL we are using UTKARSH portal for monitoring and tracking of employment claim files.</p>	<p>company, Which obviates uploading of status on website.</p>
14	<p>Files having shortcomings should be returned back to the concerned Helpdesk for compliance. TIMELINE: T + 15 + 14 + 2 + 14 + 2 + 4 + 20 days</p>	<p>Likewise.</p>	<p>Provisions of CIL's SOP to be followed. *Referring the claimant to IME and communication/ intimation of shortcomings by returning file (if required) will be done simultaneously. Action :- Dealing executive/Assistant MP&amp;R</p>
15	<p>On receipt of files with shortcomings from HQ, Helpdesk will arrange to resubmit the proposal after due rectification of shortcomings to Subsidiary HQ. TIMELINE: T + 15 + 14 + 2 + 14 + 2 + 4 + 20 + 15 days</p>	<p>Likewise</p>	<p>Provisions of CIL's SOP to be followed. Action :- Nodal Officer Helpdesk/ Dealing executive/Assistant MP&amp;R</p>
16	<p>On receipt of the file action and timeline at Sl. No. 13 will be followed by Subsidiary HQ. The competent authority will dispose the case file within 10 days of receipt.</p>	<p>On completion of corrections, if any the files are to be placed before Standing committee for employment by the concerned dealing officer.</p>	<p>On completion of files in all respect it will be placed before through standing committee on employment having recommendation of HOD(MP&amp;R) &amp; GM(P&amp;IR)at HQ.</p>
17	<p>On approval of Employment, the same will be communicated by Dealing Department of Subsidiary HQ to concerned Helpdesk for intimation to the dependent. TIMELINE: Within 7 days of receipt of approval</p>	<p>HOD (MP&amp;R) will recommend the case and will obtain the approval of the competent authority. Subsequently MP&amp;R department will immediately communicate the letter of approval / sanction to the General Managers of the respective area. In turn Area will issue appointment letter within 15 days of issue of the sanction letter from HQ.</p>	<p>On receipt of approval, MP&amp;R department will immediately communicate sanction letter to the General Managers of concerned Area within 07 days through email/ e-office mode. In turn Area will issue appointment letter within 07 days of issue of the sanction letter from HQ.</p>

	List of documents required to be submitted by claimants(As per CIL SOP)	List of documents required to be submitted by claimants (As per BCCL SOP)	Procedure to be followed for implementation/ Syncing with CIL's SOP
	<p>No such documents specified. However following forms found attached with SOP:</p> <ol style="list-style-type: none"> <li>1. Application Form</li> <li>2. Relationship certificate</li> <li>3. Attestation Form</li> <li>4. Identification Cert. (Witness having 5 Yrs service)</li> <li>5. No employment Certificate</li> <li>6. Unmarried affidavit</li> <li>7. Sponsoring Affidavit by wife of deceased</li> <li>8. Maintenance affidavit by claimant Indemnity Bond</li> <li>9. Name struck order</li> <li>10. Noting Sheet</li> </ol>	<ol style="list-style-type: none"> <li>1. Option for claimant for employment / monetary compensation/ Monetary compensation cum live roster.</li> <li>2. Application Form</li> <li>3. Attestation Form</li> <li>4. Verification roll</li> <li>5. Identification certificate issued by BDO/CO/State authorities.</li> <li>6. Family detail certificate</li> <li>7. Identification Cert. (Witness having 10 Yrs service)</li> <li>8. Unmarried certificate issued by BDO/CO/State authorities.</li> <li>9. Death certificate of ex-employee.</li> <li>10. Educational (SLC) / matriculation certificate &amp; other educational / technical certificates such as ITI, Diploma,B. Tech, MBA/MCA etc. (In case illiterate affidavit of illiterate claimants affidavit in prescribed format to be submitted by claimant).</li> <li>11. Affidavits (as applicable)</li> <li>12. Indemnity Bond(with two suritees and witnesses having 10 years of service left)</li> <li>13. Denial of monetary compensation</li> <li>14. 30 recent potos</li> <li>15. Other identity documents of claimants like Aadhaar card, Pan Card, Voter Id etc.</li> <li>16. Unmarried/ Dependency certificate issued by BDO/CO/State authorities.</li> </ol>	<ul style="list-style-type: none"> <li>• List of documents to be obtained from claimants / submitted by claimants must be indicated to avoid any litigation / complication / complaints.</li> <li>• Claimants must aware of the documents required to be submitted by them in support of Identity, residency &amp; Caste proof other than forms.</li> <li>• The points No. 1,4,5 and 6 of Table – 1 of BCCL's SOP will be deleted for making parity with CIL's SOP.</li> <li>• Indemnity Bond and affidavits to be followed as circulated by CIL's SOP.</li> <li>• Forms and affidavits for monetary compensation issued by CIL will be followed.</li> </ul>

		<p>17. In case School Leaving Certificate is submitted, a certificate from Headmaster of the school is required regarding recognition of the school duly endorsed by District Education Officer with Seal / Stamp. (The same should be verified from District Education Officer in due course).</p> <p>18. Indemnity cum surety Bond, affidavit of the claimant, paper publication, BDO certificate required in case of Age/ difference of name (in applicable cases)</p> <p>19. Copy of application receipt issued by Personnel Executive to the claimant.</p>	
--	--	---	--

	<b>General Guideline (As per SOP of CIL)</b>	<b>Related Provision in SOP of BCCL</b>	<b>Procedure to be followed for implementation/ Syncing with CIL's SOP</b>
	<p><b>1.</b> CCTV Cameras with recording back up of 1 year shall be installed in all Helpdesk. Continuous viewing of CCTV will be arranged in common place and in the chamber of Area Personnel Manager/ Head of independent establishment.</p> <p><b>2.</b> The officer and staffs of Helpdesk shall be compulsorily transferred on completion of 3 years posting in Helpdesk.</p> <p><b>4.</b> Screening should be done only once through Helpdesk.</p> <p><b>5.</b> During screening, attempts should be made to persuade the family members to opt for monthly monetary compensation in lieu of employment. The same shall also be brought on record.</p> <p><b>6.</b> Age of the dependent should be reckoned from the date of death of ex-employee for the purpose of meeting the minimum age limit (18 years/12 years) and upper age limit (35 years/ 45 years) criteria.</p> <p><b>7.</b> Payment of monthly monetary compensation shall continue as per norms i.e. first day of the following month from which the application by the widow complete in all respect was made for monthly monetary compensation.</p> <p><b>8.</b> Age determination shall be done by the Subsidiaries as per norms being followed.</p>	<ul style="list-style-type: none"> <li>• No such provision at BCCL.</li>   <li>• Transfer is done as per CIL's sensitive post rotation policy.</li> <li>• Outside death certificate other than company hospital is sent for verification from concerned authority.</li>   <li>• Claim must be submitted within 1 year of death of ex-employee.</li> </ul>	<ul style="list-style-type: none"> <li>• To be implemented as per CIL's SOP.</li>   <li>• To be implemented as per CIL's SOP.</li> <li>• All the verifications required/ in vogue at BCCL vide its SOP will continue. Nodal Officer Helpdesk will send letters to all concerned authorities for verification of required documents. Copy of the same to be enclosed in claim file. Employment will be processed subject to verification regularization will be done only on receipt of such verification report.</li> </ul>

	<p>9. Character Antecedent report as well as other certificates may be conducted after appointment but before confirmation.</p> <p>10. A certificate on the date of application for ensuring that he/she is not employed elsewhere to be taken.</p> <p>11. The date of application mentioned in the application format will be treated as the date of claim. Further, the concerned Unit/Establishment will put a receipt seal on the application with date on the same day itself. Application without the receipt seal will not be treated as authentic.</p> <p>12. Any process for genuineness of dependent applicant and related dependency etc. may be decided by the Subsidiaries.</p> <p>13. Timeline for providing employment which is completed in all aspect is 86 days. However, delay on the part of beneficiaries/applicants shall not be included in the mentioned timeline.</p>	<ul style="list-style-type: none"> <li>• Screening is done at Area Level by Area Screening committee. At HQ subject is placed before standing committee for deliberation and recommendation.</li> <li>• Denial of Monetary compensation is taken in writing which is mandatory.</li>   <li>• Age of dependent is reckoned from date of death of ex-employee for the purpose (18/12 years).</li> <li>• Age of claimant is <b>not reckoned</b> from the date of application for employment for the purpose of meeting <b>upper age</b> limit criteria. (35Years/45 Years)</li> <li>• Age determination is done in consonance with provisions of I.I.76 duly approved by FD's of BCCL.</li> <li><b>a) For matriculates</b> : As per Matriculation Certificate.</li> <li><b>b) Non Matriculate</b> : As per SLC issued from Recognized institute/ Board.</li> <li><b>c) Illiterates</b> : Cases Not covered under above (a&amp;b). Age assessed by Age Assessment Board.</li> </ul>	<ul style="list-style-type: none"> <li>• To be implemented as per CIL's SOP.</li> <li>• Written consent regarding denial of monetary compensation to be obtained mandatorily.</li> <li>• To be implemented as per CIL's SOP.</li>   <li>• Age determination is done in consonance with provisions of I.I.76 duly approved by FD's of BCCL.</li> <li><b>a) For matriculates</b> : As per Matriculation Certificate.</li> <li><b>b) Non Matriculate</b> : As per SLC issued from Recognized institute/ Board.</li> <li><b>c) Illiterates</b> : Cases Not covered under above (a&amp;b). Age assessed by Age Assessment Board.</li> <li>• Existing practice in vogue will be followed in accordance with BCCL SOP.</li> </ul>
--	--	---	--

**Note: For operational smoothness the guidelines mentioned in BCCL's SOP will be followed and will be deciding factor in case of absence of specific points under CIL's SOP.**