

APPLICATION FOR THE BENEFIT FROM THE KSE BOARD EMPLOYEES' WELFARE FUND
DEATH (ACCIDENT/NATURAL) / DISABLEMENT / RETIREMENT / RESIGNATION / DISMISSAL
(See clause 9 of the Regulations)

1. B.O. No. PSVI/1384/89/761/89(23) dated 01.04.1990
2. B.O. No. 1137/97/PS1/3146/85 dated, Thiruvananthapuram 27.05.1997
3. Circular No. PS.WF-GB/2021 dated 26.07.2021

1	Name of the Employee (<i>In Block Letters</i>)	
2	EWF Membership Number	
3	Employee Code (Mandatory)	
4	Designation & Office address of the Member (in full) (<i>In Block Letters</i>)	
5	Date of Birth	
6	Date of Entry in Service	
7	Date of Joining the Fund	
8	Date of Superannuation	
9	Date of Retirement/Resignation/Dismissal	
10	<p>Documents to be produced on behalf of Retirement/ Resignation/ Dismissal</p> <p>(Certificate showing the date of retirement and details of recovery made at double the normal rate of EWF Subscription during the penultimate month of the retirement/attested copy of relieving memo / Order terminating employee from the service of KSEB Ltd. The Employees' Welfare Fund Hand Book/Membership Card/Pass Book of the employees attested year-wise/recovery statement attested in all pages by the drawing officer)</p>	
11	Date on which the member died/disabled	
12	Nature of death :- (Natural /Accident)	
13	<p>Documents to be produced in proof of Normal death/ Permanent Disablement</p> <p>(Attested copy of death Certificate, Attested copy of legal heir-ship certificate from Tahsildar/Succession certificate from a court of law. Indemnity bond executed by all legal heirs and Notarized by Notary Public in stamp paper worth Rs.200- Receipt in original of immediate relief if paid. In case of permanent disablement, attested copy of the order issued by the competent authority permitting the employee to retire from service on invalid grounds and attested copy of the certificate from District Medical Board showing the percentage of disability sustained. The Employees' Welfare Fund Hand Book/Membership Card/Pass Book of the employees attested year-wise/recovery statement attested in all pages by the drawing officer)</p>	
14	<p>Documents to be produced in proof of Accidental Death/ Permanent disablement</p> <p>(a) for accidents involving death (fatal)</p> <p>(1) Detailed report of Accident (2) Site Mahazar (3) Police FIR, Inquest Report Postmortem report, Death certificate, Legal heir-ship /Succession certificate (attested copies) (4) Indemnity bond in stamp paper worth Rs.200/-</p> <p>(b) For Non-fatal accident -</p> <p>(1) Detailed report of Accident (2) Site Mahazar (3) Police FIR, Inquest Report (4) certificate issued by District Medical Board showing percentage of permanent disability (5) Indemnity bond in stamp paper worth Rs.200/-</p>	

15	Present personal address of the employee (In the case of Disablement/Retirement/Resignation/Dismissal)	
Bank Account Details (Mandatory in the case of Retirement/Resignation/Dismissal/Disability benefits)		
16	Salary Bank Account Number *Copy of first page of passbook to be enclosed	
	Name of Bank & Branch	
	IFSC Code	
	Name of Nominee	

DECLARATION

I/We declare that the particulars given above are true to the best of my knowledge and belief. I / We request that the benefits due to me/us, as per the provisions of the KSE Board Employees' Welfare Fund Regulations, 1990, amended / repealed from time to time as per decision of the Governing Body may be sanctioned and disbursed to me/us.

DATED SIGNATURE OF THE MEMBER/NOMINEE/
NOMINEES CLAIMING THE BENEFIT

CERTIFICATE OF CONTROLLING OFFICER

* Certified that Sri./Smt. had been admitted to the Fund with effect from and the recoveries as contemplated in the Regulations have been effected till the Death / Retirement/Dismissal / Resignation of the Member and the details thereto entered in the Hand Book/ Pass Book / Membership Card/HRIS in respect of the member is enclosed.

** Certified that Sri. / Smt.....had remitted the annual subscription for the Accident Relief assistance scheme for the year (copy of the recovery statement enclosed).

Also certified that the particulars given by the member have been verified with the records maintained at this office, HRIS and found correct.

Place:

SIGNATURE, DESIGNATION & SEAL OF

Date:

THE DRAWING /DISBURSING OFFICER

RECEIPT (In the case of Retirement/Resignation/Dismissal/Disability benefits)

I, hereby authorise the Secretary, KSEB Employees' Welfare Fund to credit Retirement/Resignation/Dismissal/Disability benefit in respect of my membership number of KSEB EW Fund into my Savings Bank Account No. at (bank) (branch) with IFS Code and I promise to consider the same as full settlement of Retirement / Resignation / Dismissal / Disability benefit from KSEB EW Fund due to me.



Signature of Member

Name:

Counter Signed

Signature of Head of ARU
with office seal