

ADMINISTRATION OF DAMAN & DIU
DEPARTMENT OF LABOUR & EMPLOYMENT
DAMAN

75/CIFB/2018

No. LE/LI/DMN/Est-2(4)/2018/581

Dated: 21/03/2018

NOTIFICATION

In exercise of the powers conferred by Section 22 of the Building & Other Construction Workers (Regulation of Employment and Conditions of Service) Act, 1996, the Daman & Diu Building and Other Construction Workers Welfare Board hereby revise the Welfare Schemes under this Act as under :

Revised Welfare Scheme under the Building & Other Construction Workers (RE&CS) Act, 1996

(1) **Maternity Benefit:-** The registered women employees and wives of male member who are beneficiary of the fund shall be given Rs.30,000/- each as maternity benefit during the period of maternity.

An application in the prescribed **Form - II** shall be submitted to the Deputy Commissioner (Labour) for this benefit : provided that this benefit shall not be allowed for more than twice. The Deputy Commissioner (Labour) may sanction the amount if found eligible.

(2) **Pension:** 100 % subscription under the Atal Pension Yojna except those who are working in Government on regular / permanent basis. A member of the Board who has been working as a building worker for not less than one year and paid contribution as notified by the Board regularly shall be eligible.

The Deputy Commissioner (Labour) may sanction reimbursement of 100% subscription under the scheme on receipt of an application in the prescribed **Form - III** along with proof of premium receipt / any proof from Bank.

(3) **Grant of Token Amount for construction of house:**

The Deputy Commissioner (Labour) may sanction a Token Amount not exceeding Rs. 75,000/- (Rupees Seventy Five thousand only) for construction of house by the Beneficiary in his / her own land.

The Beneficiary shall submit the application in the prescribed **Form- IV** along with supporting documents to the Deputy Commissioner (Labour).

(4) Ex-gratia for Permanent Disability / Chronic Diseases / Surgery / Operation :

(1) An amount of Rs 1,00,000 (Rupees One Lakh only) may be sanctioned by the Deputy Commissioner (Labour) in case of permanent disability for any reason / Chronic Diseases.

(2) The application for Ex-gratia for Permanent Disability / Chronic Diseases under clause (1) above shall be made in the prescribed Form – V to the Deputy Commissioner (Labour) Daman and the amount shall be sanctioned if he is satisfied with the case. In case of Chronic Diseases, the beneficiary may get self treatment or treatment for his / her dependents as indoor patients from hospitals and get medical bill reimbursed against expense but not exceeding Rs One Lakh in a year.

(3) An Amount of Rs. 40,000/- (Rupees Fourty Thousand only) may be sanctioned by the Deputy Commissioner (Labour) in case of Surgery / Operation. The application for Ex-gratia for Surgery / Operation shall be made in prescribed Form XIV to the Deputy Commissioner (Labour), Daman

(5) Grant for purchase of Tools / Protective Gear :

The Deputy Commissioner (Labour) may sanction the grant for purchase of Tools / Protective Gear for an amount not exceeding Rs. 10,000/- (Rupees Ten thousand only) once in 5 years to those who have completed 3 years of the membership and who remit contribution regularly, and not completed 55 years of age.

An application in the prescribed **Form-VI** shall be submitted to the Deputy Commissioner (Labour) for this benefit.

(6) Payment of funeral assistance:

The Deputy Commissioner (Labour) may sanction an amount of Rs. 20,000 (Rupees Twenty thousand only) to the nominees/ dependants towards funeral expenses in case of death of a member or spouse from the date of joining membership of the fund. An application in the prescribed **Form-VII** shall be submitted to the Deputy Commissioner (Labour) for this benefit.

(7) Ex-gratia for Death :

The Deputy Commissioner (Labour) may sanction an amount of Rs. 2 lakh (Rupees Two Lakh only) as ex-gratia to the nominees / dependants of the members from the date of joining membership of the fund if the death is due to any reason.

- i. A nominee who is entitled to Death benefit under this Scheme shall submit an application in the prescribed **Form-VIII** to the Deputy Commissioner (Labour). A Certificate regarding the death issued by a Government Doctor /Registered Medical Practitioner not below the rank of Medical Officer shall be produced along with the application.
- ii. The Deputy Commissioner (Labour) may on receipt of the application conduct an enquiry with regard to the eligibility of the applicant.
- iii. If the Deputy Commissioner (Labour) is satisfied that the person who has applied for financial assistance is entitled for such benefit he may sanction the amount.

(8) Medical Assistance and Wage Loss to the Beneficiaries: -

(a) The Deputy Commissioner (Labour) may sanction financial assistance to the beneficiaries who are hospitalized for more than one day. The financial assistance shall be Rs. 500/- per day up to maximum of Rs. 10,000/- in a stretch.

The application shall be submitted in the prescribed **Form-IX** to the Deputy Commissioner (Labour) Daman and the amount shall be sanctioned if he is satisfied with the case.

(b) The Deputy Commissioner (Labour) may sanction Wage Loss for an amount not exceeding Rs. 15,000/- (Rupees Fifteen thousand only) in case the Beneficiary is advised for complete bed rest for a period not less than one month by the Doctor.

The application shall be submitted in the prescribed **Form XV** to the Deputy Commissioner (Labour) Daman and the amount shall be sanctioned if he is satisfied with the case.

(9) Education Assistance for Children

The Deputy Commissioner (Labour) may sanction the financial assistance to the children of the members except Permanent Government Servant as below :

Sr. No.	Standard / Course	Amount of Assistance
1.	Class I to Class VIII	Rs. 500/- PM (Rs. 6000 PA)
2.	Class IX & Class X	Rs. 700 /- PM (Rs. 8400/- PA)
3.	Class XI & Class XII	Rs. 1,000/- Pm. (Rs. 12000/- PA)
4.	ITI / Polytechnic Diploma, Graduation Level or any Technical Courses	Rs. 1,000/- per month and reimbursement of tuition fees.

An application in the prescribed **Form-X** shall be submitted to the Deputy Commissioner (Labour) for availing the assistance under this scheme.

(10) Financial Assistance for Marriage :-

The Deputy Commissioner (Labour) may sanction financial assistance for marriage of self and for children (upto 2 children) of the building workers as under:

- (1) Marriage of female registered member - Rs. 51,000/-
- (2) Marriage of male registered Member - Rs. 35,000/-
- (3) Marriage of daughter of registered member - Rs. 51,000/-
- (4) Marriage of son of registered members - Rs 35,000/-

An application in the prescribed **Form-XI** shall be submitted to the Deputy Commissioner (Labour) for assistance under this scheme.

(11) Insurance Scheme: Under this scheme, 100 % subscription for the members and his/her spouse shall be reimbursed on submission of insurance premium receipt / any bank proof for the respective year to the Deputy Commissioner (Labour).

- (1) Sanjeevni Swasthya Bima Yojna
- (2) Pradhana Mantri Suraksha Bima Yojna and
- (3) Pradhan Mantri Jeevan Jyoti Bima Yojna

(12) Skill Development Activities: The registered member except Permanent Government servant shall be entitled for payment of the course fee and Rs. 5,000/- per month as stipend for skill development training at any training institutes recognized by the Government.

The stipend shall be sanctioned by the Deputy Commissioner (Labour) on receipt of an application in the prescribed **Form-XII**.

(13) Self Education: The registered member except Permanent Government servant shall be entitled for reimbursement of the course fees for distance education from NOS / University / Professional Institutes.

The reimbursement may be sanctioned by the Deputy Commissioner (Labour) on receipt of an application in the prescribed **Form-XIII**.

(14) **Retirement relief on quitting service:** A certain amount should be paid to the Construction Workers / Beneficiary on quitting service after attaining age of 60 years. The calculation of such amount will be done as per the Payment of Gratuity Act, 1972. But, the person is required to be the member of the Board for a continuous period of 15 years.

An application shall be submitted by the Beneficiary to the Deputy Commissioner (Labour) in the prescribed **Form XVI**.

The Beneficiaries may be allowed to avail benefit under the revised schemes with effect from 1st April, 2017.


(Charmie Parekh)
Deputy Commissioner (Labour)
Daman

Copy to :

- (1) The SIO, NIC, Daman with request to place the above order on the official website of Daman & Diu. **1189406**
- (2) The Deputy Director of Planning & Statistics, Government Printing Press, Daman with request to publish this order in the Official Gazette.
- (3) The Assistant Director (OL), Daman for Hindi translation.

FORM II
APPLICATION FOR MATERNITY BENEFIT

1.	Name and address of applicant	:	
2.	Registration Number & Date	:	
3.	Age and date of birth	:	
4.	Name of husband	:	
5.	Date of confinement	:	
6.	Have you applied for this benefit earlier	:	
7.	If so how many times and give details	:	
8.	Date of payment of subscription	:	
9.	Mobile / Contact Number	:	
10.	Aadhar Number	:	
11.	(a) Bank Account Number	:	
	(b) Name of Bank and branch	:	
	(c) IFSC Code of bank/branch	:	
The facts furnished above are true to my knowledge and information.			
Place :		Name and Signature of applicant	
Date :			
FORM OF MEDICAL CERTIFICATE			
(To be obtained for a Medical Officer not below the rank of an Assistant Surgeon)			
I Have examined Smt. _____			
age _____ and wife of Shri _____ . She			
is pregnant running _____ months. She had delivered a child on _____ .			
Place :		Name of Doctor & Seal.	
Date :			

FORM - III

APPLICATION FOR REIMBURSEMENT OF SUBSCRIPTION
UNDER ATAL PENSION YOJNA

1.	Name and Address of applicant	:	
2.	Registration Number and Date	:	
3.	Date of completion of 60 years	:	
4.	Date of payment of subscription	:	
5.	Proof of premium under the scheme	:	
6.	Mobile / Contact Number	:	
7.	Aadhar Number	:	
8.	(a) Bank Account Number (b) Name of Bank and branch (c) IFSC Code of bank/branch	: : :	
The facts furnished above are true to my knowledge and information.			
	Place :		Name and Signature of applicant
	Date :		

FORM IV
APPLICATION FOR GRANT OF TOKEN AMOUNT FOR CONSTRUCTION OR
PURCHASE OF HOUSE

1.	(a)	Name of the applicant :
	(b)	Permanent Address :
	(c)	Present Address :
	(d)	Registration Number and Date :
2.	Date of Birth :	
3.	Whether the applicant is the owner of the land (give details) :	
4.	Details of land property	
	(a) Panchayat/Town :	
	(b) Village :	
	(c) Taluk :	
	(d) District :	
	(e) Area :	
	(f) Survey No. :	
	(g) Valuation of the property :	
5.	Estimate for construction of building as per plan:	
6.	Whether the applicant has received Loan /Token Amount previously from this Board :	
7.	Mobile / Contact Number	:
8.	Aadhar Number	:
9.	(a) Bank Account Number	:
	(b) Name of Bank and branch	:
	(c) IFSC Code of bank/branch	:
DECLARATION		
I hereby declare that the above statements are true and correct to the best of my knowledge and belief.		
Place :		Signature :
Date :		Name :

Details of documents to be produced :

1. Plan and estimate (approved)
2. Attested copy of ration card (Page 2,4) for maintenance application

FORM - V

APPLICATION FOR EX-GRATIA FOR PERMANENT DISABILITY / CHRONIC DISEASES

1.	Name and address of applicant	:	
	Name of Dependent and relation with the applicant (if applicable)		
2.	Age and Date of Birth	:	
3.	Registration Number and Date	:	
4.	Date of payment of subscription	:	
5.	Details of Chronic Diseases	:	
6.	Nature of disability due to accident with percentage of loss of earning capacity	:	
7.	Amount spent for treatment (should be supported by medical bills countersigned by the treating doctor)	:	
8.	Copies of Medical Certificates	:	
9.	Details of benefits received, if any from Government or any other institution, for the above treatment.	:	
10.	Mobile / Contact Number		
11.	Aadhar Number		
12.	(a) Bank Account Number (b) Name of Bank and branch (c) IFSC Code of bank/branch		
The facts furnished above are true to my knowledge and information.			
	Place :		Name and Signature of Applicant.
	Date :		

FORM VI

Application for Grant for Purchase of Tools / Protective Gear

1	Name of the applicant	
2	Father's/Husband's Name	
3	Residential Address	
4	Name & Address of the beneficiary as per registration record	
5	Registration Number & Date	
6	Gender of regd. Member	
7	If male, name of wife with present address	
8	If female, name of husband with present address	
9	Date of payment of contribution	
10	Age & Date of birth	
11	Monthly Income	
12	Details of other properties, if any, owned or possessed by the applicant	
13	Particular of instruments to be purchased	
14	Description	
	a) Make	
	b) Model	
	c) Cost of tools/Invoice price (copy enclosed)	
	d) Name & address of supplier/dealer	
	e) Date/month from which the member has completed 3 years of membership	
15	Date on which completed or will complete 55 years of age.	
16	Amount of grant applied for	
17	Mobile / Contact Number	
18	Aadhar Number	
19	(a) Bank Account Number (b) Name of Bank and branch (c) IFSC Code of bank/branch	

Declaration

- A. I confirm that the funds/grant will be used for the stated purpose only and will not be used for speculation and/or anti-social purpose.
- B. I understand that the Board has the right to recall the funds/grant if they are not used for the stated purpose.
- C. I understand that the sanction of the facility is at the discretion of the Board and I will execute necessary Security Documents as per the Board's requirements to its satisfaction
- D. I shall furnish an utilization certificate along with cash memo within a month of receipt of amount of grant.

The facts furnished above are true to my knowledge and information.

Sig. of the applicant _____

Place.....

Date.....

Surety: Name & Signature

(For Office Use only)

The application submitted by Sh. _____ employed as _____ in _____ has been verified. The certificate of employment/monthly income in respect of the borrower has been attached with the application.

An amount of Rs. _____ (Rupees _____) may be sanctioned for the purpose being the amount requested/amount eligible 75% of the invoice amount to be Sanctioned/Rejected

District Executive Officer
Secretary

EMPLOYMENT CERTIFICATE

Certified that Sh./Smt. _____ S/o, D/o, W/o _____ R/o
House No. _____ Town _____ Desam _____ Village
_____ Taluk _____ District _____ now residing at House
No. _____ Town/Desam _____ village _____
Taluk _____ District is a permanent/ officiating/ acting / provisional _____

(Designation)
Details of his/her services are as
under

1	Date of entry into service	
2	Date of which continuous service begins	
3	Date of retirement	
	Details of his/her pay, etc. are as under	
a.	Basic Pay	
b	Dearness Allowances	
C	HRA	
D	Compensatory Allowance	
E	Other Allowances	
1	Provident Fund	
2	LIC recoveries	
3	Income Tax	
4	Loan recoveries	
1		
2		
3		
	Total (A)	
a.	Other recoveries	
1		
2		
	Total (B)	
	Net Salary	
	Total (A)-(B)	Rs

Signature _____
Name _____

Designation of the Head of office/ Department _____

Place.....

Date.....

Office Seal

FORM VII		
APPLICATION FOR FUNERAL BENEFIT		
1.	Name & Address of Applicant	:
2.	Relationship of applicant with the worker	:
3.	Name and address of worker	:
4.	Registration Number and Date	:
5.	Date of payment subscription	:
6.	Date of death of the worker	:
7.	Reason for death	:
8.	Whether applicant is the nominee of the worker	:
9.	If not, whether the applicant has submitted Dependent certificate.	:
10.	Name, age & date of birth of the nominee	:
11.	If nominees are minor, name of guardian and his relationships with the children	:
12.	Whether consent letters from other nominees submitted ? (Where the No. of nominees is more than one)	:
13.	Whether certificate of guardianship submitted by the minor children	:
14.	Amount of benefit, applied for	:
15.	Mobile / Contact Number	
16.	Aadhar Number	
17.	(a) Bank Account Number (b) Name of Bank and branch (c) IFSC Code of bank/branch	
	The facts furnished above are true to my knowledge and information.	
	Place :	Name and Signature of Applicant.
	Date :	

FORM VIII
APPLICATION FOR EX-GRATIA FOR DEATH

1.	Name and Address of applicant	:	
2.	Relationship with worker	:	
3.	Name and address of the worker	:	
4.	Registration Number and Date	:	
5.	Age & Date of Birth	:	
6.	Worker whether married	:	
7.	Nature of Death (Give details)	:	
8.	Details of documents submitted	:	
9.	Mobile / Contact Number		
10.	Aadhar Number		
11.	(a) Bank Account Number (b) Name of Bank and branch (c) IFSC Code of bank/branch		
The facts furnished above are true to my knowledge and information.			
	Place :		Name and Signature
	Date :		

FORM IX
APPLICATION FOR MEDICAL BENEFIT

1.	Name and address of applicant	:	
2.	Age and date of birth	:	
3.	Registration Number and Date	:	
4.	Date of payment of subscription	:	
5.	Details regarding disease	:	
6.	Period of treatment as patient in Hospitals (Date of admission in the Hospital and date of discharge)	:	
7.	Details of medical benefits received, if any before	:	
8.	Mobile / Contact Number		
9.	Aadhar Number		
	(a) Bank Account Number		
	(b) Name of Bank and branch		
	(c) IFSC Code of bank/branch		
The facts furnished above are true to my knowledge and information.			
	Place :		Name and Signature of Applicant.
	Date :		

FORM X
APPLICATION FOR EDUCATIONAL ASSISTANCE

1.	Name of student	:	
2.	Male/Female	:	
3.	Name of School / college and affiliated University/Board	:	
4.	Standard in which studying		
5.	Name and year of course	:	
6.	Date of admission to the course	:	
7.	Age & Date of birth of the student	:	
8.	Mobile / Contact Number		
9.	Aadhar Number		
10.	(a) Bank Account Number (b) Name of Bank and branch (c) IFSC Code of bank/branch		
11.	Details of qualifying examination passed	:	
	Name of Exam qualifying	Name of School / University /Board/	Month & Year of passing examination
12.	Marks scored in the qualifying examination	:	Maximum marks
	Subject	Marks Scored	Maximum marks
	Total Marks		Percentage
13.	(a) Name of parent of applicant	:	
	(b) Registration Number and Date	:	
	(c) Date of payment of subscription	:	
	(d) Permanent address	:	
	The facts mentioned above are true to my knowledge. If selected for the scholarship, I promise that I will abide by the condition stipulated in the Scheme.		
	Place :		Name & Signature of the student.
	Date :		

Declaration of the Parent of the Student

I (Name and address) S/o or D/o (Name and address) _____ solemnly affirm the following :

1. My son/daughter Shri/Smt. _____ is studying for _____ (name and years of course).
2. I am a member of the Board since _____ (Year) with registration No. _____
3. If any of the above facts are found to be wrong later, the scholarship amount granted to the student will be remitted back by me. The decision of Secretary in this regard will be applicable to me and it will be final and I agree with the same.
4. I also agree to recover any amount of default due from me.

Place :

Name & Signature of the Parent.

Date :

I _____ Head of _____ (Name of institution) hereby certify that Smt./Shri _____ is a _____ year student of _____ course. I have examined the application submitted by the student and I am convinced that it is correct. This institution is affiliated to the _____ university/Board / School.

Place :

(Office Seal)

Signature of Principal/ Head

Date :

Name

Official designation

FORM XI
APPLICATION FOR MARRIAGE ASSISTANCE

1.	Name of Applicant	:	
2.	Address	:	
3.	Registration Number and Date	:	
4.	Age and Date of Birth	:	
5.	Date of payment of subscription	:	
6.	If application is for the marriage of Son/Daughter		
	(1) Whether husband or wife, a member of this Board	:	
	(2) If so, has she/he applied For the financial assistance	:	
	(3) Date of birth of the son/ Daughter who is getting	:	
	(4) Address of the bride or bridegroom of the son/ daughter	:	
	(5) Date and place of marriage	:	
	(6) Date & No. of the Certificate of marriage	:	
	Name and address of the Authority who issued the Certificate (Panchayat / DMC / Sub-Registrar etc)	:	
	(7) Have you applied for financial assistance for the marriage of any other son/daughter; if so, details of the same.	:	
7.	If application is for the Marriage of self		
	(1) Name and address of Husband/bridegroom	:	
	(2) Date & place of marriage	:	
	(3) No. & Date of the Certificate of marriage	:	
	Name and address of the Authority who issued the Certificate	:	

8.	Are you in receipt of any financial assistance for the purpose from Government or any other institution		
9.	Mobile / Contact Number		
10.	Aadhar Number		
11.	(a) Bank Account Number (b) Name of Bank and branch (c) IFSC Code of bank/branch		
	The above facts are true to the best of my knowledge and information.		
	Place :		Name & Signature of the applicant.
	Date :		

FORM XII
APPLICATION FOR REIMBURSEMENT OF COURSE FEE / STIPEND
FOR SKILL DEVELOPMENT ACTIVITIES

1.	Name of registered member	:	
2.	Male/Female	:	
3.	Name of Institution	:	
4.	Name and year of course / training	:	
5.	Date of admission to the course / training	:	
6.	Mobile / Contact Number		
7.	Aadhar Number		
8.	(a) Bank Account Number (b) Name of Bank and branch (c) IFSC Code of bank/branch		
9.	Details of educational qualification	:	
10.	(a) Registration No.	:	
	(b) Date of payment of subscription	:	
	(e) Permanent address	:	
	(f) Has the membership been revived	:	Yes/No
	If so, period of revival	:	
The facts mentioned above are true to my knowledge. If selected for the scholarship, I promise that I will abide by the condition stipulated in the Scheme.			
	Place :		Name & Signature of the student.
	Date :		

I _____ Head of _____ (Name of institution) hereby certify that Smt./Shri _____ is a _____ year student of _____ course. I have examined the application submitted by the student and I am convinced that it is correct. This institution is affiliated to the _____ university/Board.

Place :

(Office Seal)

Signature of Principal/ Head

Date :

Name

Official designation

FORM XIII
APPLICATION FOR REIMBURSEMENT OF COURSE FEE
FOR DISTANCE EDUCATION

1.	Name of registered member	:	
2.	Male/Female	:	
3.	Name of Institution	:	
4.	Name and year of course	:	
5.	Date of admission to the course	:	
6.	Age & Date of birth	:	
7.	Mobile / Contact Number		
8.	Aadhar Number		
9.	(a) Bank Account Number (b) Name of Bank and branch (c) IFSC Code of bank/branch		
10.	Details of educational qualification	:	
11	(a) Registration No.	:	
	(b) Date of payment of first subscription	:	
	(c) Date of payment of last subscription	:	
	(d) No. of installments paid	:	
	Total subscription paid	:	
	(e) Permanent address	:	
	(f) Has the membership been revived	:	Yes/No
	If so, period of revival	:	
The facts mentioned above are true to my knowledge. If selected for the scholarship, I promise that I will abide by the condition stipulated in the Scheme.			
Place :		Name & Signature of the student.	
Date :			

I _____ Head of _____ (Name of institution) hereby certify that Smt./Shri _____ is a _____ year student of _____ course. I have examined the application submitted by the student and I am convinced that it is correct. This institution is affiliated to the _____ university/Board.

Place :

(Office Seal)

Signature of Principal/ Head

Date :

Name

Official designation

FORM XIV
APPLICATION FOR FINANCIAL ASSISTANCE FOR SURGERY / OPERATION

1.	Name and address of applicant	:	
2.	Age and date of birth	:	
3.	Registration Number and Date	:	
4.	Date of payment of subscription	:	
5.	Date of Surgery / Operation	:	
6.	Details of medical benefits received, if any before	:	
7.	Mobile / Contact Number		
8.	Aadhar Number		
9.	(a) Bank Account Number		
	(b) Name of Bank and branch		
	(c) IFSC Code of bank/branch		
The facts furnished above are true to my knowledge and information.			
	Place :		Name and Signature of Applicant.
	Date :		

FORM XV
APPLICATION FOR FINANCIAL ASSISTANCE FOR WAGE LOSS

1.	Name and address of applicant	:	
2.	Age and date of birth	:	
3.	Registration Number and Date	:	
4.	Date of payment of subscription	:	
5.	Number of days' rest advised by the Doctor	:	
6.	Details of medical benefits received, if any before	:	
7.	Mobile / Contact Number		
8.	Aadhar Number		
9.	(a) Bank Account Number		
	(b) Name of Bank and branch		
	(c) IFSC Code of bank/branch		
The facts furnished above are true to my knowledge and information.			
	Place :		Name and Signature of Applicant.
	Date :		

FORM - XVI

APPLICATION FOR RETIREMENT RELIEF ON QUITTING SERVICE AFTER
ATTAINING AGE OF 60 YEARS

1.	Name and Address of applicant	:	
2.	Registration Number and Date	:	
3.	Date of payment of subscription	:	
4.	Date of attaining the age of 60 years	:	
5.	Details of wages last drawn	:	
6.	Mobile / Contact Number	:	
7.	Aadhar Number	:	
8.	(a) Bank Account Number	:	
	(b) Name of Bank and branch	:	
	(c) IFSC Code of bank/branch	:	
The facts furnished above are true to my knowledge and information.			
Place :		Name and Signature of applicant	
Date :			