



ಕರ್ನಾಟಕ ರಾಜ್ಯಪತ್ರ

ಅಧಿಕೃತವಾಗಿ ಪ್ರಕಟಿಸಲಾದುದು
ಬಿಲಿಟ್ ರಾಜ್ಯ ಪತ್ರ

ಭಾಗ-IVA Part-IVA	ಬೆಂಗಳೂರು, ಬುಧವಾರ, ನವೆಂಬರ್ ೧೫, ೨೦೧೭ (ಕಾರ್ತಿಕ ೨೪, ಶಕ ವರ್ಷ ೧೯೩೯) Bengaluru, Wednesday November 15, 2017 (Karthika 24, Shaka Varsha 1939)	ನಂ.೧೦೪೭ No. 1047
---------------------	--	---------------------

LABOUR SECRETARIAT

NOTIFICATION

NO. LD 271 LET 2017, BANGALORE, DATED: 13.11.2017.

Whereas the draft rules to amend the Building and Other Construction Workers (Regulation of Employment and Conditions of Service) (Karnataka) Rules, 2006, was published in Notification No. LD 271 LET 2017, Dated: 28.10.2017 in Part-IVA of the Karnataka Gazette No. 997 dated: 30.10.2017 inviting objections and suggestions from all the persons likely to be affected thereby within seven days from the date of its publication in the official Gazette. The said Gazette was made available to the public on 30.10.2017.

And whereas, no suggestions or objections have been received on the said draft by the State Government.

Now, therefore Government of Karnataka hereby notifies the following Rules namely:-

RULES

1. Title and commencement.- (1) These rules may be called the Building and other construction workers' (Regulation of Employment and conditions of service) (Karnataka) (Amendment) Rules, 2017.

(2) They shall come into force from the date of their publication in the official gazette.

2. Amendment of rule 2.- In the Building and Other Construction Workers (Regulation of Employment and Conditions of Service) (Karnataka) Rules, 2006 (hereinafter referred to as the said rules), in rule 2, in sub-rule (1) after clause (p), the following shall be inserted, namely:-

"(p-1) "Dependents" means the spouse, minor son and minor daughter including step children residing with and wholly dependent on the registered construction worker and also includes the parents residing with and wholly dependent on such worker,"

3. Amendment of rule 20.- In rule 20 of the said rules,-

(1) in sub-rule (2),-

(i) for the clause (c), the following shall be substituted, namely:-

"(c) certificate of employment issued by recent Employer, the Chairman or Secretary or their nominee of CREDAI (Confederation of Real Estate Developers Association of India) or BAI (Builders Association of India) or KSCA (Karnataka State Contractors Association) in Form V(A) or a Trade Union registered under the Trade Unions Act, 1926, in Form V(B) or an official of Labour Department of the concerned jurisdiction not below the rank of Labour Inspector in Form V(C) or the Secretary or Panchayat Development Officer of the Gram Panchayat concerned in Form V(D)".

(ii) after clause (d), the following shall be inserted, namely:-

"(e) Self attested copy of Aadhaar Card"

(2) in sub-rule (3), the words "The Building worker shall also file a nomination in Form VI" shall be omitted.

(3) After sub rule (5), the following shall be inserted, namely:-

"(6) The Board may provide for a suitable smart card in Form VIII (A) for registered workers and digitize the process of registration and delivery of benefits and also create a database and suitable software with web application to manage the same."

4. **Insertion of new rule 20-A.**- After rule 20 of the said rules, the following shall be inserted, namely:-

"20-A. Employment Certificate for continuation of existing registration.- The beneficiary shall submit to the Registering Authority concerned every year pay slip or copy of nominal muster roll as proof of employment in building or other construction works for a minimum period of ninety days in the preceding twelve months and an Employment Certificate in Forms V(A) or V(B) or V(C) or V(D) to comply with Section 14 of the Act."

5. **Substitution of rule 21.**- For rule 21 of the said rules, the following shall be substituted, namely:-

"21. Issue of duplicate Smart Card.- In the case of loss of Identity card issued under sub-rule (4) of rule 20, a duplicate smart card shall be issued by the board either on an application in Form-V (F) by the registered construction worker concerned or in the event of his death by his nominee. The fee for issue of a duplicate smart card shall be Rs. 50/- only."

6. **Amendment of rule 21-A.**- In rule 21-A of the said rules, in sub-rule (1), after the words "subscription of Rs. 150/- which shall be valid for a period of three years", the words "or subscription of Rs. 50/-, which shall be valid for a period of one year, along with an application in Form V(E)" shall be inserted.

7. **Amendment of rule 22-A.**- In rule 22-A of the said rules, in sub-rule (1), for clause (v), the following shall be substituted, namely:-

"(v) Following shall be the composition of the official Members:

- (a) The Secretary/the Principal Secretary to Government, Labour Department;
- (b) The Secretary/ the Principal Secretary to Government, Urban Development Department or his nominee;
- (c) The Commissioner of Labour;
- (d) The Director, Department of Factories, Boilers, Industrial Safety and Health;
- (e) The Secretary/the Principal Secretary to Government, Public Works Department or his nominee;
- (f) The Secretary/the Principal Secretary to Government, Rural Development and Panchayat Raj Department or his nominee;
- (g) The Secretary/the Principal Secretary to Government, Housing Department or his nominee".

8. **Amendment of rule 23.**- In rule 23 of the said rules, after sub-rule (3) the following shall be inserted, namely:-

"(4) The Non-official members shall not depute or delegate the responsibility of attendance unless specifically notified to that effect by the Government;

(5) The Non-official members must attend at least half the Board Meetings held in a calendar year, or else they may be proposed for being removed from the membership of the Board by the Chairman after giving them an opportunity of being heard;

(6) The Secretary to the Board or his representative duly authorized by the Chairman must attend all the Board meetings."

9. **Insertion of new rule 27-A.-** After rule 27 of the said rules, the following shall be inserted, namely:-

"27-A. Place of Business of the Board.- The official place of business of the Board shall be at Bengaluru.

27-B. Allocation of business and duties within and between the employees and staff of the Board.- The Secretary of the Board shall have the power to allocate official responsibilities and duties within and between the officials and employees of the Board subject to general or special orders of the Government."

10. **Amendment of rule 28.-** In rule 28 of the said rules,-

(1) for sub-rule (1) the following shall be substituted, namely:-

"(1) The Board shall meet at least four times in a financial year. Out of which at least three meetings shall be held before the closure of the calendar year and at least one of these meetings shall formulate the Budget Estimates of the ensuing financial year".

(2) after sub-rule (2) the following shall be inserted, namely:-

"(3) The Agenda of the meeting shall include inter alia, action taken report of the previous meeting; review of the progress since the previous meeting, subjects for ratification by the Board of action taken as per delegation of powers; subjects deferred for discussion from previous meetings, subjects for current discussion and subjects for discussion with permission of the Chair.

(4) All Meetings of the Board shall follow proper procedure protocol and decorum. Only Members of the Board, officials connected with the conduct of the meeting and Special Invitees duly authorized by the Chairman shall be allowed inside the meeting hall during conduct of the proceedings. Members shall be required to be present before the arrival of the Chairman. The quorum shall be determined in the presence of the Chairman. The meeting shall open with a welcome address by the Secretary of the Board, followed by an opening address by the Chairman, followed by discussion and decision as per prescribed procedure on each Agenda item. The Chairman may choose to defer any subject for further discussion and decision. Members shall always address the Chair during the discussions.

(5) The sitting fees for the Board Meetings shall be rupees Three Thousand per meeting for the Chairman and non-official Members and rupees Five hundred for each Special Invitee provided he is not an official."

11. **Insertion of new rule 31A.-** After rule 31 of the said rules the following shall be inserted, namely:-

"31A. Administrative procedure and powers.- (1) The Secretary of the Board shall have the power to conduct the day to day administration of the Board subject to the provisions of Acts, Rules and directions.

(2) The Secretary of the Board shall have full disciplinary powers over the outsourced staff of the Board and powers of a Head of the Department as per the Karnataka State Civil Services Rules and the Karnataka Civil Services (Classification, Control and Appeal) Rules, 1957 and the Karnataka Government Servants (Conduct) Rules, 1966 over the deputed officials of the Board.

(3) The Secretary of the Board shall be the Head of the Department in so far as the affairs of the Board are concerned and shall have powers of administrative approval upto Rs 2 crore each time and general delegation of powers as per Government Order No. FD 2 TFP 2010, Bangalore, Dated 30th April 2010 as amended from time to time."

12. **Amendment of rule 36.-** In rule 36 of the said rules for the word "may" the word "shall" shall be substituted.

13. **Insertion of new rule 37A and 37B.-** After rule 37 of the said rules, the following shall be inserted, namely:-

"37A. Accounts of the Board.- (1) The Board shall have a maximum of two cess receipt accounts in Nationalized bank which may be held as term deposits of duration not more than a year. The bank shall be determined by the Secretary of the Board after calling for sealed quotations for fixed deposit interest rates. No expenditure shall be incurred from this account.

(2) The Board shall have a maximum of two registration and renewal receipt accounts in Nationalized bank which may be held as term deposits of duration not more than a year. The bank shall be determined by the Secretary of the Board after calling for sealed quotations for fixed deposit interest rates. No expenditure shall be incurred from this account.

(3) The Board shall have one administrative account in a Nationalized Bank which shall be in savings account only. The administrative amount budgeted for the year shall be deposited in this account. Only administrative expenditure shall be incurred from this account.

(4) The Board may have one or more Welfare Scheme accounts in Nationalized Banks taking care to see that none of these accounts are held as term deposits and funds meant for a particular scheme are not held in more than one account.

(5) All accounts shall be held in the name of the Secretary of the Board and he shall be the Drawing and Disbursing Officer.

(6) The accumulated interest on Board Funds in the bank accounts shall form part of the Board Funds in the respective accounts and may be utilized for the Board purposes as provided under these rules only.

(7) The Board shall be responsible for executing its projects and schemes. However, the Board shall, with approval of the Government, execute schemes for welfare of the Building and other Construction Workers by accepting grants from any private party or Government department or parastatal, PSU or Board or Corporation or local body. The Board shall have one or more accounts in nationalized banks for this purpose.

(8) The Board shall contribute funds to other Government departments or local bodies exclusively for the welfare of the Building and other Construction Workers with the approval of the Government.

"37B - Provision for Social Audit and Quality Control.- (1) The Board shall have its own mechanism for social audit and quality control through one or more qualified consultancies, chartered accountancy firms or NGO's having been established for over five years and having experience of over three years in carrying out social audit for Government departments, boards or corporations appointed through a transparent procedure with the approval of the Government.

(2) The Social Audit and Quality Control Agency shall be appointed for a minimum period of two years at a time through a transparent tendering process and shall carry out quarterly concurrent social audit and detailed annual social audit of all activities of the Board, including cess collection, registration, processing of claims and delivery of welfare schemes and also report on the felt needs of the beneficiaries.

(3) The Government shall have the power to direct the Social Audit and Quality Control Agency or Agencies to carry out Special Social Audits.

(4) The reports of all social audits shall be placed before the Board and the Government and the Government shall be competent to issue suitable directions to the Board."

14. Amendment of rule 39.- In rule 39 of the said rules, in sub-rule (1) for the words "not less than five years", the words "not less than three years" shall be substituted.

15. Substitution of rule 41.- For rule 41 of the said rules, the following shall be substituted, namely:-

"41. Shrama Samarthya Toolkit with Training Scheme.- A construction worker who having registered as a beneficiary is eligible for tool kit not exceeding Rs. 20,000, subject to the following conditions, namely:-

- (a) The beneficiary shall be within 55 years of age;
- (b) The beneficiary shall complete skill acquisition or skill up-gradation training in masonry, plumbing, carpentry, bar bending and scaffolding, painting, tile laying, electrician, welding and steel fabricating etc., acquired from skill development centers established by the Board jointly with other Government Departments in this regard. The training programs shall include skills required for construction workers to improve their awareness and employability. The Board shall bear the expenditure for wage compensation of trainees, boarding and lodging, trainer and master training, tool kit and protective gear, course content, course material and training facilities; certificate of

skill, health and fitness of trainees, web-enabled database for trainees, Information, Education and Communication to improve awareness of trainees and quality certification of training. Wherever possible, the Board shall partner with construction sector, partners both private and public to provide upgraded skills and facilities to trainees;

- (c) This facility shall be available to a beneficiary only once during his membership in the Board;
- (d) While claiming this assistance the beneficiary shall produce the original certificate for having undergone skill acquisition or skill up-gradation training along with the application in Form-XV."

16. Substitution of rule 42.- For rule 42 of the said rules, the following shall be substituted, namely:-

"42. Assistance for purchase or construction of a house/Karmika Gruha Bhagya.- (1) Eligibility: Every registered construction worker of at least 45 years of age and having 15 years of service for superannuation is eligible to apply for assistance of loans and advances for construction of a house (Karmika Gruha Bhagya)

(2) Claim: (a) Every registered construction worker who is eligible for assistance of loans and advances for construction of a house under sub-rule (1) shall apply to the Secretary or any other officer authorized in this behalf by the Board in Form XVI;

(b) Every such application shall accompany with certificate from the competent authority for having been identified as a beneficiary under any housing scheme of the Government;

(c) The Secretary or any other officer authorized in this behalf by the Board shall examine every application for assistance of loans and advances for purchase or construction of a house in accordance with the provision of this clause and may accept or reject the application. The decision of the Board shall be final.

Provided that, the Secretary or any other officer authorized in this behalf by the Board shall, before rejecting an application give the applicant a reasonable opportunity of making the representation.

(3) The Board may provide as advance, the entire beneficiary contribution up to a ceiling of Rs. 2,00,000/- for the Government Housing Scheme to the Government Agency concerned directly, provided the registered construction worker is otherwise eligible. The advance shall be recovered by the Board in equal annual installments in a period of 20 years."

17. Amendment of rule 43.- In Rule 43 of the said rules,-

(1) in sub-rule(1), for the words and figures "a sum of Rs 15,000/- (Rupees fifteen thousand only)", the words and figures "a sum of Rs. 30,000/- for a female child and a sum of Rs.20,000/- for a male child" shall be substituted;

(2) in sub-rule (2), for clause (e), the following shall be substituted, namely:-

"(e) The certificate of registration of birth obtained from the registrar of births and deaths or certificate of delivery in a government or private hospital in the State of Karnataka duly signed by the doctor concerned from the Institution shall be produced along with application".

(3) after clause (e) the following shall be inserted, namely:-

"(f) The assistance shall be in the form of a Fixed Deposit or Bond (Thayi Lakshmi Bond) in the name of the mother for a period of at least 3 years."

18. Amendment of rule 44.- In rule 44 of the said rules, in sub rule (2), for the words "or certification issued by a member of the Board", the words "the registration number of beneficiary for verification of validity and correctness by the Board" shall be substituted.

19. Amendment of rule 45.- In rule 45 of the said rules,-

(1) for sub-rule (1) the following shall be substituted, namely:-

"(1) The Secretary or any other officer authorized in this behalf by the Board, may, on an application from a registered construction worker, sanction every year for their dependent children not exceeding two children, annual educational assistance and or merit assistance (Kalike Bhagya).

Sl. No.	Name of the Educational course or Standard or Grade	Annual Educational Assistance
1	After passing Std. 4	Rs. 3,000/-
2	After passing Std. 5	Rs. 3,000/-
3	After passing Std. 6	Rs. 3,000/-
4	After passing Std. 7	Rs. 4,000/-
5	After passing Std. 8	Rs. 4,000/-
6	After passing Std. 9	Rs. 6,000/-
7	After passing SSLC	Rs. 6,000/-
8	After passing PUC I	Rs. 6,000/-
9	After passing PUC II	Rs. 8,000/-
10	After passing each year in ITI or Professional Diploma Course of not less than 2 years duration	Rs. 7,000/- each year of passing
11	After passing each year in any Degree Course	Rs.10,000/- each year of passing
12	Entry into Engineering or Medical degree courses (B.E. or MBBS on merit seat)	BE: Rs.25,000/-for entry and Rs.20,000/-- after passing every year subject to the maximum of number of years of the course MBBS:Rs.30,000/-for entry andRs.25,000/- after passing every year subject to the maximum of number of years of the course.
13	Entry into Post Graduation in recognized University	Rs.20,000/- for entry and thereafter, Rs.10,000/- every year for maximum of 2 years subject to passing each year.
14	Entry into Doctoral Research	Rs.20,000/- after completion of every year (maximum 2 years) and thereafter, an additional Rs. 20,000/-after acceptance of thesis.
Merit Assistance		
Dependents of the Beneficiary for having secured,-		
1	Above 75% in SSLC or Equivalent	Rs. 5,000/-
2	Above 75% in PUC or Equivalent	Rs. 7,000/-
3	Above 75% in Degree or Equivalent	Rs. 10,000/-
4	Above 75% in Master Degree or equivalent	Rs. 15,000/-

(2) After sub-rule (3), the following shall be inserted, namely:-

"(4) Educational assistance shall be available for the current enrolment and only for the students enrolled in regular courses in recognized institutions located physically in Karnataka. Distance Education courses, Home Study courses, online Courses, etc. are not eligible to avail this benefit."

20. Substitution of rule 46.- For rule 46 of the said rules, the following shall be substituted, namely:-

"46. Medical Assistance (Karmika Arogya Bhagya).- The Secretary or any other officer authorized in this behalf by the Board may sanction financial assistance to registered construction worker and their dependents hospitalized in a government hospital or a private hospital included in schedule I of the Karnataka Government Servants' (Medical Attendance), Rules 1963 or a hospital recognized under any Insurance scheme of the State Government. The assistance shall be towards

hospitalization for minimum 48 hours continuously. The financial assistance shall be Rs.300/- per day of hospitalization to the maximum of Rs.10,000/- for a continuous period of hospitalization subject to actuals. The application in Form-XX along with a Medical Certificate in Form-XXII-A shall be submitted with such other documents as specified therein.

21. Amendment of rule 47.- In rule 47 of the said rules,-

(1) for sub-rule (1), the following shall be substituted, namely:-

"(1) "Accident" means an event which is sudden without criminal intent and unforeseen resulting in death or incapacitation permanent, total or partial disablement".

(2) for sub-rule (2), the following shall be substituted, namely:-

"(2) "Eligibility" Every registered construction worker who meets with an accident during the course of employment shall be compensated by the employer under the provisions of Employees' Compensation Act, 1923. If the accident occurs outside the course of his or her employment, assistance under this Rule shall be given by the Board excluding the following cases:

(a) Natural death

(b) Payment of compensation in respect of death or injury as a consequence of resulting from-

(i)	Committing or attempting suicide, intentional self injury;
(ii)	Whilst under the influence of intoxicating liquor or drugs;
(iii)	Committing any breach of law with criminal intent;
(iv)	Pregnancy, during child birth, miscarriage, abortion or complication arising there from;
(v)	Curative treatments or interventions;
(vi)	Venereal or sexually transmitted diseases;
(vii)	HIV or related illness;
(viii)	Any attempted crime on the body.

(3) in sub-rule (3),-

(i) in clause (a), after the words "Every registered construction worker", the words "or his first living nominee" shall be inserted.

(ii) in clause (b) and in the proviso, for the words "the Board", the words "the Secretary or any other officer authorized in this behalf by the Board" shall be substituted.

(4) in sub-rule (4), the following shall be substituted, namely:-

"(4) The Secretary or any other officer authorized in this behalf may grant 50% in Fixed Deposit in a Nationalized Bank and 50% through Account payee cheque or DBT, a sum of Rs.5 lakh (Rupees Five Lakh only) for the diseased beneficiary or first living nominee in case of death, Rs. 2 lakh (Rupees Two Lakh only) for permanent total disablement and Rs.1 lakh (Rupees One Lakh only) in case of permanent partial disablement in proportion to the percentage of disablement, as defined in the Employee's Compensation Act, 1923".

22. Omission of rule 47-A.- Rule 47-A of the said rules shall be omitted.

23. Amendment of rule 48.- In rule 48 of the said rules,-

(1) in the title, after the words "a registered construction worker", the words "and his or her dependents (Karmika Chikitsa Bhagya)" shall be inserted;

(2) in sub-rule (2), after the words "Every registered construction worker", the words "and his or her dependents" shall be inserted;

(3) in sub-rule (3),-

(i) in clause (a), after the words "Every registered construction worker", the words "or his/her dependent in case of death of registered construction worker during the course of treatment" shall be inserted.

(ii) in clause (b) and in the proviso, for the words "the Board", the words "the Secretary or any other officer authorized in this behalf by the Board" shall be substituted.

(4) in sub-rule (4), for the words "the Board", the words "the Secretary or any other officer authorized in this behalf by the Board" shall be substituted.

24. Amendment of rule 49.- In rule 49 of the said rules,-

(1) in the title, the words "two" shall be omitted;

(2) in sub-rule (2), in clause (b), after the words "only twice", the words "However there shall be only one claim in respect of a given marriage irrespective of the number of registered construction workers in the family" shall be inserted.

(3) in sub-rule (2), after clause (e) the following shall be inserted, namely:-

"(f) The assistance shall be in the form of Fixed Deposit or Bond (Gruha Lakshmi Bond) for a minimum of 3 years in the name of the Bride".

25. Insertion of new rules 49-A to 49-F.- After rule 49 of the said rules, the following shall be inserted, namely:-

49-A. Submission, Processing and Sanction or Rejection of applications.- The Board may in the interest of building and other construction workers appoint commission agents to expedite the registration of construction workers, collection of annual contribution and assist in delivery of the welfare benefits and claims with the approval of the Government.

49-B. Submission of the application.- All applications to avail assistance as benefits under these rules shall be submitted to the Secretary of the Board or any officer authorized by the Board in this behalf and shall be processed and sanctioned / rejected in the formats by the same officer.

49-C. Time limits for submission of applications.- Time limits for submission of applications for different claims shall be as below:-

Rule 39: Pension Scheme, Eligibility, procedure and sanction of pension, etc.,	Within six months after attaining the age of 60 years. [Note: For claiming pension from the date of attaining 60 years of age, the application shall be submitted minimum 3 months prior to attaining the age of 60 years.]
Rule 40. Disability Pension, procedure and sanction, etc.	Within a period of six months from the date of issue of Disability Identity Card by competent authority
Rule 43. Assistance for delivery of a child by a registered woman construction worker	Within six months of the delivery
Rule 44. Assistance to meet the funeral expenses of a registered construction worker	Within one year of death
Rule 45. Assistance for education of the son or daughter of a registered worker	Within six months of next Academic year
Rule 46. Medical assistance to beneficiaries	Within six months of hospitalization commencement date
Rule 47. Assistance of a beneficiary in case of accident resulting in death or permanent disablement (incapacitation)	Within one year of incident
Rule 48. Assistance of medical expenses for treatment of major ailments of a registered construction worker	Within six months of discharge
Rule 49. Assistance for the 1st marriage of the registered Building or construction worker or his/her two dependent children	Within six months of marriage

49D. Assistance of Liquefied Petroleum Gas (LPG) connection to registered construction workers.(Karmika Anila Bhagya).- (1) A registered construction worker is eligible to avail the assistance of Liquefied Petroleum Gas (LPG) connection including a two burner stove and refill every 3 months for his or her family, subject to conditions prescribed in this rule.

(2) In case, there are more than one registered construction workers in a family, only one of them is eligible to avail this assistance.

(3) There shall not be any dues payable to the Board.

(4) The application shall be submitted to the Secretary or any other officer authorized by the Board in this behalf in Form XXIII-A, along with a copy of Aadhaar Card, a copy of the ration card, and an affidavit signed before Notary or attested by relevant Food Inspector to the effect that the applicant has not availed the facility of a concessional or subsidized LPG connection either in his or her own name or in the name of any dependents.

(5) On receiving the Application, the Secretary or any other officer shall examine the merits of the case and, if found eligible, may sanction the assistance which shall be paid to the LPG and Two Burner Stove provider directly or through the concerned department.

(6) If it is found that the applicant is not eligible for availing the assistance, the application shall be rejected and the applicant informed accordingly:

Provided that no application shall be rejected unless the applicant has been given an opportunity of being heard.

49E. Assistance of Concessional Bus Pass to registered construction workers in Bengaluru Metropolitan Transportation Corporation (BMTC) buses.- (1) A registered construction worker who is a permanent resident of Bengaluru city (Bruhat Bengaluru Mahanagara Palike limits) or the place from where he travels to Bengaluru is eligible to avail the benefit of BMTC Bus pass.

(2) There shall not be any dues payable by beneficiary to the Board.

(3) The application for availing this assistance shall be submitted in Form XXIII-B along with a copy of Ration Card or Voter ID, and Aadhaar Card and also the prescribed BMTC Bus Pass Form duly filled in to the Secretary or any other officer authorized by the Board in this behalf, who, after ensuring the genuineness of the case, shall forward it recommending to BMTC for issue of pass and pay the complete Pass Fee to BMTC directly.

(4) If the applicant is found to be ineligible to get the assistance, the application shall be rejected and the applicant be informed accordingly:

Provided that no application shall be rejected unless the applicant has been given an opportunity of being heard.

49F. Assistance of Student Bus Pass to children of registered construction workers travelling in KSRTC buses.- (1) Two children of a registered construction worker who is a permanent resident of a place in the state are eligible to avail the Student Bus Pass assistance for travelling in Karnataka State Road Transport Corporation (KSRTC) buses to and from the place of residence.

(2) The beneficiary shall not have any dues payable to the Board.

(3) Application for seeking this assistance shall be submitted to the Secretary or any other officer authorized by Board in this behalf, in Form XXIII-C along with the prescribed KSRTC Student Pass form duly filled in and along with all required documents.

(4) The Board, after verifying the eligibility, shall forward them to KSRTC authorities concerned recommending for issue of Student Bus Pass and pay the student component of Bus Pass charges to KSRTC directly.

(5) If the applicant is found to be ineligible to avail the assistance, the application shall be rejected and the decision communicated to the applicant:

Provided that no application shall be rejected unless the applicant has been given opportunity of being heard."

By order and in the name of the
Governor or Karnataka,

L.S. Srikantababu
Deputy Secretary to Government,
Labour Department.

8. 26. **Substitution of Form V.**- For Form V of the said rules, the following shall be substituted, namely:-

FORM V-1

[See sub-rule (1) of rule 20]

Application for Registration with Karnataka Building and Other Construction Workers' Welfare Board

To

Beneficiary Registration Officer

Labour officer/Senior Labour Inspector/Labour Inspector)

Address:

1	Full Name	
2A	Permanent Address *	Taluk:.....District:.....PIN:.....
2B	Local Address *	Taluk:.....District:.....PIN:.....
2C	Telephone/Mobile/E-mail *	
3A	Date of Birth*	Date:.....Month.....Year.....
3B	Age at the time of Registration YearsMonth
4	Aadhaar Card Number *	
5	Nationality	
6	Caste/Community(Tick✓) **	Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Other <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> General <input type="checkbox"/>
7	Mother Tongue	
7B	Education Level: Specify	1. Literate <input type="checkbox"/> 2. Primary School <input type="checkbox"/> 3. Secondary School <input type="checkbox"/> 4. SSLC <input type="checkbox"/> 5. PUC <input type="checkbox"/> 6. ITI <input type="checkbox"/> 7. Graduate <input type="checkbox"/> 8. Post Graduate <input type="checkbox"/>
8	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>

D. Nominee Details																																											
	<table border="1"> <thead> <tr> <th>Preference no. of Nominee</th> <th>Name of Nominee</th> <th>Relationship</th> <th>Age of Nominee</th> <th>Marital Status</th> <th>Address of Nominee</th> <th>Share to Nominee</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Note: Only the family members can be nominated. No deceased person can be nominated.</p>	Preference no. of Nominee	Name of Nominee	Relationship	Age of Nominee	Marital Status	Address of Nominee	Share to Nominee																																			
Preference no. of Nominee	Name of Nominee	Relationship	Age of Nominee	Marital Status	Address of Nominee	Share to Nominee																																					
14	Personal Details of Applicant																																										
A	<p>Highest level of Education @</p> <p>1. Literate <input type="checkbox"/> 2. Primary School <input type="checkbox"/></p> <p>3. Secondary School <input type="checkbox"/> 4. SSLC <input type="checkbox"/> 5. PUC <input type="checkbox"/></p> <p>6. ITI <input type="checkbox"/> 7. Graduate <input type="checkbox"/> 8. Post Graduate <input type="checkbox"/></p>																																										
B	Bank Account Number, Bank Name, Branch Code, Branch Address, IFCS Code @																																										
C	Mobile/ Phone Number																																										
D	Status of Health																																										
E	Any Major ailments or Physical Handicap																																										
F	MGNREGA, Job Card Number (If registered)																																										
G	Ration Card No(If applicable)																																										
H	EPIC (Voter ID)																																										

I hereby declare that all the above information and documents submitted are true and correct to the best of my knowledge and belief. I also realize that it is an offence to furnish false information to a public authority and that if any information is found false, I may be prosecuted for the same. I also understand that I cannot change any of the above information except at Para No. 2B,2C, 10, 13 and 14.

Place:

Date:

Signature/LTI of Applicant

For Office Use Only

Place:

Fee Received:

Date:

Verified by

Registering Authority

(Name, Signature & Seal)

*EPIC

*Copy of EPIC (Voter ID) Aadhaar Card must be attached.

** Caste certificate is optional.

@Copies of these documents are optional.

List of Building or other construction works

1. Construction, alteration, repairs, maintenance or demolition, of or , in relation to, buildings, streets, roads, railways, tramways, airfields, irrigation, drainage, embankment and navigation works, flood control works (including storm water drainage works), generation, transmission and distribution of power, water works (including channels for distribution of water), oil and gas installations, electric lines, wireless, radio, television, telephone, telegraph and overseas communications, dams, canals, reservoirs, watercourses, tunnels, bridges, viaducts, aqua ducts, pipelines, towers, cooling towers, transmission towers

Additional Construction works:

2. Stone Work for road and building constructions excluding that covered under Mines Act, 1952,
3. Fixing of slabs/tiles in construction,
4. Sewerage and Plumbing work, including UGD construction.
5. Electrical works including wiring, distribution, panel fixing.etc.,
6. Installation, fixing of cooling and heating systems,
7. Installation of lifts, escalators etc.,
8. Installation of security gates,
9. Installation of iron/metal grills, windows, doors
10. Construction of water harvesting structures,
11. Interior work for flooring, False ceiling, wall paneling ect.,
12. Installation of glass panels, ACP Sheets, spider glazing, during construction,
13. Installation of pre-fabricated concrete modules, concrete bricks, blocks, hollow blocks, tiles, etc.,
14. Erection of signage, road furniture, bus shelters/depots/stands, signaling systems etc.,
15. Erection and Installation of rotaries, Installation of fountains, swimming pools in public parks and gardens etc.,
16. Earth work, earth spreading, leveling and earth cutting etc, for construction purposes.
17. Construction and Erection of temporary shelters
18. Construction and Erection of film sets

27. Insertion of new forms V(A), V(B), V(C), V(D) V(E) and V(F).- After form V of the said rules, the following shall be inserted, namely:-

Form No -V (A)

[See clause (c) of sub-rule (2) of Rule 20]

**Employment Certificate by the Employer /Contractor
/CREDAI /BAI /KSCA**

1	Full name and address of the employer/contractor of the building or other construction work, wherein the applicant has worked as construction worker during preceding 12 months				
	Name and full address of the Chairman /Secretary (or their authorized nominee) of CREDAI /BAI /KSCA issuing this certificate (Strike off, if not applicable)				
2	Full name of Construction Worker				
	i)Permanent address of Construction Worker				
	ii)Present residential address of Construction Worker				
3	Name and locations of the works/projects where employed and average wages	Name and type of the Work	Location	No. of Days	Avg. daily wages (Rs)
4	Age				
5	Sex				
6	Aadhaar Number				

Certified that above information is correct and I am personally liable for prosecution and any other action, if above information is found to be false.

Place:	Name & Signature of Employer/Contractor/ Association (CREDAI/ BAI/ KSCA)
Date:	

Form No-V(B)

[See clause [c] of sub-rule (2) of Rule 20]

Employment Certificate by the Registered Trade Union

1	Full name and address of the registered Trade union	
2	Trade Union's Registration No. and Date	

3	Name and Address of the Office of the Assistant Labour Commissioner which has issued the Trade Union's Registration Certificate				
4	Full name of Construction Worker				
	i) Permanent address of Construction Worker				
	ii) Present residential address of Construction Worker				
5	Full name and address of the employer/contractor/s for whom the Construction Worker has worked during preceding 12 months	Sl. No.	Name	Address	
		01			
		02			
		03			
		04			
6	Name and locations of the works/projects where employed and average wages	Name	Location	No. of Days	Avg. daily wages
7	Age				
8	Sex				
9	Aadhaar Number				

Certified that above information is correct and I am personally liable for prosecution and any other action, if above information is found to be false.

Place:

Name & Signature of the President/General Secretary/

Date:

Secretary of the Registered Trade Union

Form No-V(C)

[See clause [c] of sub-rule (2) of Rule 20]

Employment Certificate by the Labour Officer/ Senior Labour Inspector/ Labour Inspector

1	Full name and address of the Labour Officer/ Senior Labour Inspector/ Labour Inspector			
2	Full name of Construction Worker			
	i) Permanent address of Construction Worker			
	ii) Present residential address of Construction Worker			
3	Full name and address of the employer/contractor/s of the building or other construction work, wherein the Construction Worker has worked during preceding 12 months	Sl. No.	Name	Address
		01		
		02		
		03		
		04		

4	Name and locations of the works/projects where employed and average wages	Name	Location	No. of Days	Avg. daily wages
5	Age				
6	Sex				
7	Aadhaar Number				

Certified that above information is correct and I am personally liable for prosecution and any other action, if above information is found to be false.

Place :

Name, signature & address of the

Date:

Labour Officer/ Senior Labour Inspector/

Labour Inspector

Form No-V(D)

[See clause [c] of sub-rule (2) of Rule 20]

Employment Certificate by the Panchayath Development Officer / Gram Panchayath Secretary

1	Full name and address of the Gram Panchayath, Taluk and Dist				
2	Full name and address of the Panchayath Development Officer/ Gram Panchayath Secretary				
3	Full name of Construction Worker				
	i) Permanent address of Construction Worker				
	ii) Present residential address of Construction Worker				
4	Full name and address of the employer/contractor/s of the building or other construction work, wherein the Construction Worker has worked during preceding 12 months	Sl. No.	Name	Address	
		01			
		02			
		03			
		04			

5	Name and locations of the works/projects where employed and average wages	Name	Location	No. of Days	Avg. daily wages
6	Age				
7	Sex				
8	Aadhaar Number				
9	Job card No. of MGNREGA worker				

Certified that above information is correct and I am personally liable for prosecution and any other action, if above information is found to be false.

Place

Date

Name & Signature of the Panchayath
Development Officer/Secretary

Form No-V(E)

[See sub-rule (1) &(2) of Rule 21(A)]

Application for continuation of existing registration for next one year

1.	Name of Registered construction worker (Applicant)				
	i)Permanent address of Construction Worker				
	ii)Present residential address of Construction Worker				
2	Registration No. & Date				
	Period for Which continuations of registration is sought (dates) From.....To.....	From.....To.....			
3	Full name and address of the employer/contractor of the building or other construction work, wherein the applicant has worked as construction worker during preceding 12 months				
4	Name and locations of the works/projects where employed and average wages	Name	Location	No. of Days	Avg. daily wages
5	1) Amount paid for contribution				
	2)Mode of Payment: Cheque/DD/Cash /RTGS				

Certified that above information is correct and I am personally liable for prosecution and any other action, if above information is found to be false.

Place:

Date:

Thumb

Signature/Left Hand

Impression of the Applicant

Acknowledgement

Received Application dated _____ from Shri / Shrimati _____ having
Registration Number _____ for continuation of existing registration for next one year
duly filled and signed with copies of relevant documents.

Place:

Date:

Designation Seal and Signature of Receiving Officer

Continuation of Existing Registration Sanction Order

Continuation of Existing Registration Sanction Order No :

Continuation of Existing Registration for next one year is hereby sanctioned to Mr /
Ms _____ residing _____ at _____

And holding Registration Number _____ and Adhaar Card Number
_____ after due verification of Application No _____ and Attached
Documents dated _____.

Place

Date

Designation Seal and Signature of Sanctioning Officer

Continuation of Existing Registration Rejection / Cancellation Order

Continuation of Existing Registration Rejection / Cancellation Order:

Continuation of Existing Registration for next one year is hereby Rejected/Cancelled to Mr /
Ms _____ residing _____ at _____

And holding Registration Number _____ and Adhaar Card Number
_____ after due verification of Application No _____ and Attached
Documents dated _____ for the following reasons.

1. _____
2. _____
3. _____
4. _____

Place

Date

Designation Seal and Signature of Sanctioning Officer

Form No-V(F)

[Rule 21]

Application for duplicate identity card with Karnataka Building and Other Construction Workers' Welfare Board

Application No:

Fee: Rs. 10/-

To

Beneficiary Registration Officer

(Labour officer/Senior Labour Inspector/Labour Inspector)

Address:

1	Full Name	
2A	Permanent Address *	Taluk:.....District:.....PIN:.....
2B	Local Address *	Taluk:.....District:.....PIN:.....
2C	Telephone/Mobile/E-mail *	
3A	Date of Birth*	Date:..... Month.....Year.....
3B	Age at the time of Registration Years Month
4	Aadhaar Card Number *	
5	Nationality	
6	Caste / Community (Tick✓) **	Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Other <input type="checkbox"/>
		SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> General <input type="checkbox"/>
7	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
8	Registration Number and Date:	
9	Reason for applying for Duplicate Identity Card	
10	Amount paid, Challan number and Date	

I hereby declare that all the above information and documents submitted are true and correct to the best of my knowledge and belief

Place:

Date:

Signature/LTI of Applicant

For Office Use Only

Place:

Fee Received:

Date:

Verified by

Registering Authority
(Name, Signature & Seal)

*EPIC (Aadhaar Card must be attached.

** Caste certificate is optional.

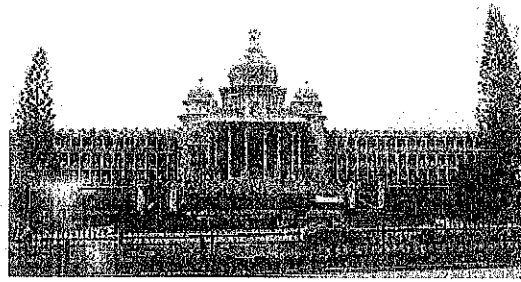
28. Insertion of Form VIII (A).- After Form VIII of the said rules, the following shall be inserted namely:-

Form VIII (A)

Page-1

Ambedkar Karmika Sahaya Hastha
Karnataka Building & Other Construction Workers' Welfare Board

Micro
chip



Labour Department

Page-2

Identity Card of Building & Other Construction Worker

Photograph	Registration No.
	Name
	Date of Birth
	Occupation
	Sex
Aadhaar No.	Registration Date
Address	
Mobile Number in case of Emergency	
	Signature of the Department Official

29. Substitution of Form XII.- For Form XII of the said rules, the following shall be substituted, namely:-

FORM-XII

[See sub-rule (2) of Rule 39]

Application for Pension

Application No.

Fee - Rs.2/-

To,

The Secretary,
Karnataka Construction Workers Welfare Board,
Kalyana Suraksha Bhavan,
Dairy Circle, Bannerghatta Road,
Bengaluru -560 029

1	Personal Details of Applicant:	
	i. Name of applicant/	
	ii. Age of Applicant:	
	iii. Postal Address:	
	iv. Bank Name, Branch and Account Number:	
	v. Adhaar Number	
	vi. Contact Phone Number	
2	Registration Details	
	i. Registration Number:	
	ii. Date of Registration	
	Age at the time of Registration / Date of Birth	
3	Date of completion of 60 years/	
4.	Payment of Subscription Amount	

Subscription	Date/s of Payment	Bank Name & Branch	Amount
First Subscription			
Last Subscription			
Number of Years Registered	Total Amount of Subscription to be Paid	Total Amount of Subscriptions Paid	Default & Reasons

5	Document Copies	
	a) Identity Card / Smart Card	
	b) Pass Book:	
	c) Challans of Subscription paid:	
	d) One Passport Size Photo:	
6.	Preferred Mode of Payment:	
	a. Money Order (Mention Address and Post Office)	
	b. Cheque / DD (Mention Bank Name and Branch and Account Number and Address to which Cheque is to be sent)	
	c. RTGS (Mention Bank Name and Branch and Account Number)	

The facts mentioned above are true to the best of my knowledge and information.

Place

Date

Name and Signature or LTI of Applicant

Acknowledgement

Received Application dated _____ from Shri / Shrimati _____ having
Registration Number _____ for Monthly Pension duly filled and signed with copies of
relevant documents.

Place

Date

Designation Seal and Signature of Sanctioning Officer

Pension Sanction Order

Pension Sanction Order No :

Monthly Pension of Rs _____ is hereby sanctioned to Mr / Ms _____ residing at

And holding Registration Number _____ and Adhaar Card Number _____
after due verification of Application No _____ and Attached
Documents dated _____. As requested, pension shall be paid by Postal
Money Order / DD / Cheque / RTGS _____ to Address-

_____ Bank Account No &
Branch _____

Place

Date

Designation Seal and Signature of Sanctioning Officer

31. Substitution of Form XIV.- For Form XIV of the said rules, the following shall be substituted, namely:-

FORM- XIV

[See sub-rule (2) of Rule 40]

Application for Disability Pension

Application No:

Fee: Rs. 2/-

To,

The Secretary,
Karnataka Construction Workers Welfare Board,
Kalyana Suraksha Bhavan,
Dairy Circle, Bannerghatta Road,
Bengaluru -560 029

1.	Personal Details of Applicant:	
	i. Name of applicant:	
	ii. Age of Applicant:	
	iii. Postal Address:	
	iv. Bank Name, Branch and Account Number:	
	v. Adhaar Number	
	vi. Contact Phone Number	
2.	Registration Details	
	i. Registration Number:	
	ii. Date of Registration	
	Age at the time of Registration / Date of Birth	
3.	Date of completion of 60 years/	

4. Payment of Subscription Amount

Subscription	Date/s of Payment	Bank Name & Branch	Amount
First Subscription			
Last Subscription			
Number of Years Registered	Total Amount of Subscription to be Paid	Total Amount of Subscriptions Paid	Default & Reasons

5. Details of disease/accident:

Sl .No.	Date of Disease / Accident	Hospital Clinic where treated	Type of Treatment	Duration of Treatment	Cost of Treatment	Disability Caused, Temporary / Permanent
Details of Disease & Treatment						
Details of Accident & Treatment						
Name & Signature of Treating Doctor / Hospital Authority						

6. List of documents submitted:

	a) Identity Card / Smart Card	
	b) Pass Book:	
	c) Bills of Hospital showing Admission & Discharge Dates and all treatments given	
	c) Challans of Subscription paid:	
7.	Preferred Mode of Payment:	
	a. Money Order (Mention Address and Post Office)	
	b. Cheque / DD (Mention Bank Name and Branch and Account Number and Address to which Cheque is to be sent)	
	c. RTGS (Mention Bank Name and Branch and Account Number)	

8. Details of benefits received, if any from Government or any other institution, for the above treatment:

The above facts are true to my knowledge and information.

Place

Date

Applicant

Name and Signature or LTI of

Acknowledgement

Received Application dated _____ from Shri / Shrimati _____ having
Registration Number _____ for Disability Pension duly filled and signed with copies of
relevant documents.

Place

Date

Designation Seal and Signature of Receiving Officer

Disability Pension Sanction Order

Disability Pension Sanction Order No :

Disability Pension of Rs _____ is hereby sanctioned to Mr / Ms _____ residing at

And holding Registration Number _____ and Adhaar Card Number
_____ after due verification of Application No _____ and Attached
Documents dated _____. As requested, pension shall be paid by Postal
Money Order / DD / Cheque / RTGS _____ to Address

_____ Bank Account No &
Branch _____

Place

Date

Designation Seal and Signature of Sanctioning Officer

Disability Pension Rejection / Cancellation Order

Disability Pension Rejection / Cancellation Order No :

Disability Pension of Rs _____ is hereby rejected / cancelled to Mr / Ms _____ residing at _____

And holding Registration Number _____ after due verification of Application No _____ Dated _____ / Pension Sanction No _____ dated _____ for the following reasons:

1. _____
2. _____
3. _____
4. _____

Place

Date

Designation Seal and Signature of Sanctioning Officer

32. Substitution of Form XV.- For Form XV of the said rules, the following shall be substituted, namely:-

FORM XV

[See Rule 41]

Application for Shrama Samartya Scheme:

Application No:

Fee: Rs. 50/-

To,

The Secretary,
Karnataka Construction Workers Welfare Board,
Kalyana Suraksha Bhavan,
Dairy Circle, Bannerghatta Road,
Bengaluru -560 029

1.	Personal Details of Applicant:	
	i. Name of applicant/	
	ii. Age of Applicant:	
	iii. Postal Address:	
	iv. Bank Name, Branch and Account Number:	
	v. Adhaar Number	
2.	vi. Contact Phone Number	
	Registration Details	
	i. Registration Number:	
3.	ii. Date of Registration	
	Age at the time of Registration / Date of Birth	
	Date of completion of 60 years/	

4. Payment of Subscription Amount

Subscription	Date/s of Payment	Bank Name & Branch	Amount
First Subscription			
Last Subscription			
Number of Years Registered	Total Amount of Subscription to be Paid	Total Amount of Subscriptions Paid	Default & Reasons

5. Job and Skills of Applicant:

Trade : Mason / Painter / Barbending / Plumber etc	Experience (Construction Projects on which work done)	Annual Income	Number of Days of Employment per Year	Tools Owned	Skills Required	Tools Required	Protective Gear Required
		Monthly Income					
		Daily Wage					

6. List of documents submitted:

a) Identity Card / Smart Card	
b) Pass Book:	
c) Challans of Subscription paid:	
d) Two Passport Size Photos	

DECLARATION

- I confirm that I shall attend the full training and shall use the tools and protective gear for work purposes and not sell or lease or mortgage the same.
- I understand that the Board has the right to cancel the tools / gear / training if I don't complete the same or due to misbehavior or misdemeanor of any kind.

Place

Date

Name & Signature of applicant

Acknowledgement

The Application No _____ dated _____ submitted by Sri _____
 Address _____ employed as _____ With
 Registration Number _____ for Training, Toolkit, Protective Gear and
 Certificate under Shrama Samarthya Scheme in the Trade _____ at Training Centre in
 _____ has been received.

Seal & Signature of Receiving Officer

Shrama Samarthya Training Sanction/Rejection /Cancellation Order

Shrama Samarthya Training Sanction/ Rejection / Cancellation Order No:

The Application No _____ dated _____ submitted by Sri _____ Address _____ employed as _____ With Registration Number _____ for Training, Toolkit, Protective Gear and Certificate under Shrama Samarthya Scheme in the Trade _____ at Training Centre in _____ is sanctioned / rejected / cancelled.

The Applicant shall report to training on _____ at _____ Location to Training Supervisor _____. The duration of the training shall be _____ days. Shall bring clothing, bedding and toiletries as required. Delays and or absence during training shall result in cancellation / disqualification without refund of application amount. The Certificate, Toolkit and Protective Gear shall only be available to those who satisfactorily complete the full Training.

Place:

Date:

Shrama Samarthya Training Sanctioning Officer

33. Substitution of Form XVI.- For Form XVI of the said rules, the following shall be substituted, namely:-

FORM XVI

[See Rule 42]

Application for assistance for purchase or construction of a house: Karmika Gruha Bhagya

Application No:

Fee Rs. 50/-

To:

The Secretary,
Karnataka Construction Workers Welfare Board,
Kalyana Suraksha Bhavan,
Dairy Circle, Bannerghatta Road,
Bengaluru -560 029

1.	Personal Details of Applicant	
	i. Name of applicant/	
	ii. Age of Applicant:	
	iii. Postal Address:	
	iv. Bank Name, Branch and Account Number:	
	v. Adhaar Number	
	vi. Contact Phone Number	
2.	Registration Details	
	i. Registration No:	
	ii. Date of Registration	
	iii. Age at the time of Registration / Date of Birth	
3.	Date of completion of 60 years: -	

4.	Payment of Subscription Amount:			
	Subscription	Date/s of Payment	Bank Name & Branch	Amount
	First Subscription			
	Last Subscription			
	Number of Years Registered	Total Amount of Subscription to be Paid	Total Amount of Subscriptions Paid	Default & Reasons
5.	Document Copies			
	a) Identity Card / Smart Card:			
	b) Pass Book:			
	c) Challans of Subscription paid:			
	d) One Passport Size Photo			
	e) RTC Copy in the name of the Applicant			
	f) Khata in the name of the Applicant			
	g) Sanction under any housing scheme of the State / Central Government or UDA or Local Government			
	h) Sanctioned Building Plan & Estimate by Competent Government Authority			
	i) Encumbrance Certificate of 14 years; "			
	j) Land tax receipt			
	k) Construction Permission / NOC from Competent Authority			
6.	Purpose of Assistance (New construction):			
7.	Whether the applicant has a house of his own (give details)			
8.	Amount of Assistance required:			
9.	Details of land property:			
	(a) Panchayat/ Town			
	(b) Village:			
	(c) Taluk:			
	(d) District:			
	(e) Area			
	(f) Survey No:			
	(g) Khata No:			
	(h) Valuation of the property:			
10.	Whether the applicant has received any other loan / assistance for House Building, give details:			
11.	Estimate for construction/maintenance of building as per plan:			
12.	Details of the amount raised apart from the assistance sought:			
13.	Whether the applicant has received loan / assistance previously from this Board:			

DECLARATION

I hereby declare that the above statements are true and correct to the best of my knowledge and belief.

Place:

Date:

Signature of Applicant

Acknowledgement

The Application No _____ dated _____ submitted by Sri _____
Address _____ employed as _____ With
Registration Number _____ for Karmika Gruha Bhagya has been
received and is under scrutiny.

Place:

Date:

Seal & Signature of Receiving Officer

Karmika Gruha Bhagya Sanction/ Rejection / Cancellation Order

Karmika Gruha Bhagya Sanction/ Rejection / Cancellation Order No:

The Application No _____ dated _____ submitted by Sri _____
Address _____ employed as _____ With
Registration Number _____ for Karmika Gruha Bhagya is sanctioned as
he/she is 45 years or more in age, does not own a house and has made all preparations to construct
a house / has been selected under _____ which is a State /
Central / Local Government approved scheme being executed by _____

The Applicant will receive a total advance of Rs _____ in 4 equal installments as per stage certificate in attached format after each stage is completed. The applicant should submit the completion certificate with photos at each stage. The entire assistance must be claimed within a period of two years from the date of sanction or it will lapse. The advance shall be repayable in equal annual installments in 20 years from date of release of each installment. The Beneficiary must enter into an agreement to this effect. In case of Government Housing Scheme, the advance shall be paid to the concerned Government Department or Agency in one installment and shall be recovered by the agency or department and repaid to the Board in 20 years.

Place:

Date:

Sanctioning Officer

The Application No _____ dated _____ submitted by Sri _____
Address _____ employed as _____ With
Registration Number _____ for Karmika Gruha Bhagya is Rejected /
Cancelled/ Discontinued for the following reasons:

STAGE CERTIFICATE FOR RELEASE OF INSTALMENTs OF ASSISTANCE UNDER Karmika Gruha Bhagya SANCTIONED BY THE KARNATAKA BUILDING AND OTHER CONSTRUCTION ON WORKERS WELFARE BOARD

1. Registration Number:
2. Name
3. Karmika Gruha Bhagya Sanction Number:
4. Sanctioned Amount:
5. Details of land property:

(a) Panchayat/ Town

(b) Village:

(c) Taluk:

(d) District:

(e) Area

(f) Survey No:

(g) Khata No:

Items	Completion Stage 1	Completion Stage 2	Completion Stage 3	Completion Stage 4	Remarks
Stage	Basement	Lintel	Roof Level	Full Completion	
Start Date					
End Date					
Expenditure					

The stage of construction of building in the property detailed above by the beneficiary specified above has reached/completion the beneficiary is eligible for the installment of assistance sanctioned by the Karnataka Building and Other Construction Workers Welfare Board.

Certified that the work valued at Rs _____ has been carried out by the beneficiary as on _____ date.

Place:

Date:

Signature of Sanctioning Authority

34. Substitution of Form XVII .- For Form XVII of the said rules, the following shall be substituted, namely:

FORM XVII

[See sub-rule (3) of Rule 43

Application for the payment of assistance for delivery of a child by a registered woman construction worker through Thayi Lakshmi Bond.

Application No:

Fee: Rs. 2/-

To:

The Secretary,

Karnataka Building and Other Construction Workers' Welfare Board,

Kalyana Suraksha Bhavana, Government ITT Compound,

Near Bangalore Dairy Circle,

Bannerughatta Road, Bengaluru-560 029.

1	Personal Details of Applicant	
i	Name of applicant	
ii	Age of Applicant	
iii	Postal Address	
iv	Bank Name, Branch/ Account Number	

	v	Adhaar Number:	
	vi	Contact Phone Number:	
2.		Registration Details:	
	i	Registration No:	
	ii	Date of Registration	
	iii	Age at the time of Registration / Date of Birth	
3		Payment of Subscription Amount:	
		Subscription	Date/s of Payment
		Bank Name & Branch	Amount
		First Subscription	
		Last Subscription	
		Number of Years Registered	Total Amount of Subscription to be Paid
		Total Amount of Subscriptions Paid	Default & Reasons

4. Details of Child Birth:

Sl. No	Date of Child Birth.	Hospital / Clinic where treated	Duration of Treatment	Male / Female Child	Cost of Treatment	Current Age of Child
Details of Child Birth:						
Name & Signature of Treating Doctor / Hospital Authority						

5. List of documents submitted

a.	Identity Card / Smart Card	
b.	Copy of Pass Book	
c.	Photo of Child	
d.	Birth Certificate by Competent Authority	

6. Has this assistance been availed previously, if yes, furnish details

7. Bank account number with name, address and IFSC code of the bank:

Place:

Date:

Signature/Thumb impression of the Applicant

Acknowledgement

The Application No: _____ dated _____ Sri/Smt _____ Address _____ employed as _____ Registration Number _____ Application for Child Birth Assistance through Thayeri Lakshmi Bond is received and under scrutiny.

Place:

Date:

Seal & Signature of Receiving Officer

Sanction/Rejection Order

I have examined the Application No _____ dated _____ and documents and am satisfied about the contents and I hereby sanction a sum of Rs. _____ (Rupees _____ only) to the Registered Woman Construction Worker as assistance for delivery of a Male / Female child on _____ At _____ through Tai Laxmi Bond No _____ for _____ years in Bank _____ Branch _____.

Place:

Date:

I hereby reject the Application No _____ of _____ dated _____ for Thai Laxmi Bond for the following reasons: _____

Sanctioning Officer

Place:

Date:

35. Substitution of Form XVIII .- For Form XVIII of the said rules, the following shall be substituted, namely:

Sanctioning Officer

[FORM XVIII]

[See sub-rule(2)of Rule44]

Application for Grant of Funeral Expenses/Natural Death Assistance

Application No:

To:

Fee: Rs 1/-

The Secretary,

Karnataka Building and Other Construction Workers' Welfare Board,

Kalyana Suraksha Bhavana, Government ITT Compound,

Near Bangalore Dairy Circle,

Bannerughatta Road,

Bengaluru-560 029.

1	Name of the Deceased Registered Construction Worker	
2	Address	
3	Age at the time of death/	
4	Nature of work performed by the beneficiary prior to death	
5	Registration No. and date (original Identity card / Smart Card shall be enclosed)	
6	(a) Place of death	
	(b) Date of death	
	(c) Cause of death (Enclose original or certified copy of death certificate)	

7	a. Name of the applicant	
	b. Age of the applicant	
	c. Address of the applicant	
Whether the applicant is a nominee of the deceased beneficiary, if yes state the relationship		

The facts mentioned above are true to my knowledge and information

Place:

Date:

Signature/Thumb impression of the Applicant

Acknowledgement

The Application No: _____ dated: _____ Sri/Smt
 _____ Address _____ employed as _____ & Registration
 Number _____ for Ex Gratia Death Benefit and Funeral Expenses of
 Deceased Registered Construction Worker duly filled and signed with copies of relevant documents
 received and is under scrutiny.

Place:

Date:

Designation Seal and Signature of Receiving Officer

SANCTION / Rejection Order No:

I have examined the Application No _____ dated _____ and documents and am satisfied about
 the contents and I hereby sanction a sum of Rs. _____ (Rupees _____ only) to the
 Applicant as Ex Gratia for Death Benefit and Rs _____ (Rupees _____ only) for
 Funeral Expenses.

Place

Date:

Sanctioning Officer

I hereby reject the Application of _____ dated _____ for Ex-Gratia and /
 or Funeral Expenses for the following reasons:

- 1.
- 2.
- 3.

Place

Date:

Sanctioning Officer

36. Substitution of Form XIX.- For Form XIX of the said rules, the following shall be substituted, namely:

FORM XIX

[See sub-rule (3) of Rule 45]

Application for Education Assistance under Kalike Bhagya

Application No:

Fee: Rs 2/-

(Available after completion of each year of education for only 2 children of Registered Construction Worker per Family)

To:

The Secretary,

Karnataka Building and Other Construction

Workers' Welfare Board, Government ITI Compound, Near Bangalore Dairy Circle, Bannerghatta Road, Bengaluru-560029.

1	Personal Details of Applicant: i. Name of applicant: ii. Age of Applicant: iii. Postal Address: iv. Bank Name, Branch and Account Number: v. Adhaar Number vi. Contact Phone Number			
2	Registration Details i. Registration No: ii. Date of Registration iii. Age at the time of Registration / Date of Birth			
3	Date of completion of 60 years:			
4	Payment of Subscription Amount			
	Subscription	Date/of Payment	Bank Name & Branch	Amount
	First Subscription			
	Last Subscription			
	Number of Years Registered	Total Amount of Subscription to be Paid	Total Amount of Subscriptions Paid	Default & Reasons

5	Document Copies:							
	i. Identity Card / Smart Card: ii. Pass Book: iii. Challans of Subscription paid: iv. One Passport Size Photo of Child for whom benefit is claimed Copy of Certificate of Principal / Head of the Institution where child is studying stating the standard, course and institution details or Marks Card or Passing Certificate							
6	Preferred Mode of Payment:							
	i. Money Order (Mention Address and Post Office) ii. Cheque / DD (Mention Bank Name and Branch and Account Number and Address to which Cheque is to be sent) iii. RTGS (Mention Bank Name and Branch and Account Number and IFSC Code of Bank)							
7	Whether your spouse is a beneficiary? If so give name and Registration No. and Date							
Details of sons or daughters of the beneficiary								
	SL. No.	Name of Child	Age	Course in Which Studying	Standard in Which Studying	Name, Phone Number and Address of Institution	Name of Head of Institution	Annual Expenditure

The facts mentioned above are true to my knowledge and information and that my beneficiary spouse has not claimed the same benefit and I have not claimed the same benefit for more than two children

Place:

Date:

Signature/LTI of the Beneficiary

Acknowledgement

Received Application dated/ _____ from Shri / Shrimati _____ having Registration Number _____ for Education Assistance under Kalike Bhagya duly filled and signed with copies of relevant documents and is under scrutiny

Place:

Date:

Designation Seal and Signature of Receiving Officer

SANCTION / Rejection Order

SANCTION / Rejection Order No:

I have examined the Application No _____ dated _____ and documents and am satisfied about the contents and I hereby sanction a sum of Rs. _____ (Rupees _____ only) to the Applicant as Education Benefit for the Year _____ for the Child of the Applicant Named _____ in the Institution _____ for passing _____ Examination / Course under Kalike Bhagya .

Place:

Date:

Sanctioning Officer

I hereby reject the Application No _____ of _____ dated _____ for Education Assistance for Child under Kalike Bhagya for the following reasons:

- 1.
- 2.
- 3.

Place:

Date:

Sanctioning Officer

37. Substitution of Form XX.- For Form XX of the said rules, the following shall be substituted, namely:

FORM XX

[See Rule 46]

Application for Re-imbusement of Medical Expenses for Inpatient Treatment for Minimum of two or more days in Government Hospitals or ESI recognized Private Hospitals / RSBY Hospitals under Karmika Arogya Bhagya

Application No:

Fee: Rs 2/-

To:

The Secretary,

Karnataka Building and Other Construction Workers' Welfare Board,

Kalyana Suraksha Bhavana, Government ITT Compound,

Near Bangalore Dairy Circle,

Bannerughatta Road, Bengaluru-560 029.

1.	Personal Details of Applicant:	
1	i. Name of applicant: ii. Age of Applicant: iii. Postal Address: iv. Bank Name, Branch and Account Number: v. Adhaar Number: vi. Contact Phone Number:	
2.	Registration Details:	
	i. Registration No: ii. Date of Registration: iii. Age at the time of Registration / Date of Birth:	
3.	Date of completion of 60 years:	

4. Payment of Subscription Amount			
Subscription	Date/s of Payment	Bank Name & Branch	Amount
First Subscription			
Last Subscription			
Number of Years Registered	Total Amount of Subscription to be Paid	Total Amount of Subscriptions Paid	Default & Reasons

5. Details of disease/accident						
Sl. No.	Date of Admission To Hospital	Hospital / Clinic where treated	Type of Treatment	Duration of Treatment	Cost of Treatment	Date of Discharge
Details of Disease & Treatment						
Details of Accident & Treatment						
Name & Signature of Treating Doctor / Hospital Authority						

6. List of documents submitted:	
a)	Identity Card / Smart Card:
b)	Pass Book:
c)	Bills of Hospital showing Admission & Discharge Dates and all treatments given:
d)	Challans of Subscription paid:
7.	Preferred Mode of Payment:
a.	Money Order (Mention Address and Post Office):
b.	Cheque / DD (Mention Bank Name and Branch and Account Number and Address to which Cheque is to be sent)
c.	RTGS (Mention Bank Name and Branch and Account Number and IFSC Code of Bank)

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

Place:

Date:

Signature/LTI of the Beneficiary

Acknowledgement

Received Application dated _____ from Shri / Shrimati _____ having Registration Number _____ for Medical Reimbursement under Karmika Chikitsa Bhagya duly filled and signed with copies of relevant documents.

Place:

Date:

Designation Seal and Signature of Receiving Officer

Medical Re-imburement Sanction / Rejection Order

Medical Re-imburement Sanction Order No :

Medical Re-imburement of Rs _____ is hereby sanctioned to Mr / Ms _____ residing at _____ for Major Medical Treatment under Karmika Chikitsa Bhagya for _____ ailment at _____ Hospital after due verification of Application No _____ and Attached Documents dated _____. As requested, amount shall be paid by Postal Money Order / DD / Cheque / RTGS _____ to Address _____

_____ Bank Account No & Branch _____

Place:

Date:

Designation Seal and Signature of Sanctioning Officer

Medical Re-imburement of Rs _____ is hereby rejected to Mr / Ms _____ residing at _____ for In-patient Treatment for _____ days at _____ Hospital after due verification of Application No _____ and Attached Documents dated _____ for the following reasons:

- 1.
- 2.
- 3.

Place:

Date:

Designation Seal and Signature of Sanctioning Officer

38. Substitution of Form XXI.- For Form XXI of the said rules, the following shall be substituted, namely:

FORM XXI

[See Rule 47]

Application for assistance to a beneficiary in case of accident resulting in death or permanent total disablement or permanent partial disablement outside place of work

To,

The Secretary
Karnataka Building and Other Construction Workers' Welfare Board,
Government ITI Compound Near Bangalore Dairy Circle,
Bannerughatta Road, Bengaluru-560 029.

1.	Name and address of the applicant (whose spouse being a Registered Construction Worker has died or is permanently disabled due to accident) or the injured beneficiary who is a Registered Construction Worker:	
2	Age and date of birth of the deceased beneficiary or the injured beneficiary:	
3	Registration No. and date of the deceased beneficiary or the injured beneficiary: (in case of the death of the beneficiary enclose original identity card and in case of survival of the beneficiary then enclose photocopy of identity card)	
4	Whether up-to-date subscription amount is paid by the beneficiary if so, upto what date (enclose photocopy of the identity card or certificate from the concerned Labour Officer):	
5	Details regarding accident involving the beneficiary	
	(a) Date of accident:	
	(b) Whether accident resulted in death of the beneficiary (enclose original or attested copy of the death certificate)	
	(c) Whether accident resulted in permanent total disablement (i.e. 100% disability) or permanent partial disablement (i.e. less than 100% disability), mention the percentage of disability: (enclose original medical certificate mentioning the percentage of disability suffered by the beneficiary issued by the doctor who has examined the beneficiary and the photograph of injured beneficiary)	
	(d) Name and address of the employer at the time of accident:	
	(e) In case of permanent total disablement or permanent partial disablement, mention the date, place, time of accident	
6	Give bank account number with name, address and IFSC code of the bank:	

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

Place:

Date:

Signature/Thumb impression of the
Beneficiary/Applicant.

39. Substitution of Form XXI-A.- For Form XXI-A of the said rules, the following shall be substituted, namely:

FORM XXI-A

[See Rule 47(3)(a)]

Form of certificate to be given by the employer in the case of accident resulting in death or permanent total or permanent partial disablement

1	Name and present address and landline/Mobile No. of the employer:	
2	Address of the work spot where the accident has occurred:	
3	Nature of construction work carried on the work spot and the date of commencement of construction work:	
4	The number of construction workers engaged by the employer at the time of the occurrence of the accident:	
5	Name and address of the construction worker involved in the accident:	
6	The date of employment of the construction worker involved in the accident:	
7	Nature of work performed by the construction worker involved in the accident:	
8	Whether the accident resulted in the death of construction worker	
9	Whether the accident resulted in the permanent total or permanent partial disablement of the construction worker:	
10	Wages paid per day/per month to the deceased/injured construction worker:	
11	Whether the construction worker involved in the accident was treated in the hospital, if so give details of treatment:	
12	Whether police complaint of the accident was given, if not, the reasons thereof:	
13	Whether post-mortem of the deceased construction worker was done, if not, the reasons thereof:	

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

Place:

Date:

Signature of the employer.

Acknowledgement

Received Application dated _____ from Shri /Shrimati _____ having Registration Number _____ for under for assistance in case of accident resulting in death or permanent total disablement or permanent partial disablement outside place of work duly filled and signed with copies of relevant documents and is under scrutiny.

Place:

Date:

Designation Seal and Signature of Receiving Officer

Assistance Sanction / Rejection Order

Assistance for Accidental Death / Permanent Disfigurement Sanction Order No :

Assistance of Rs _____ is hereby sanctioned to Mr / Ms _____ residing at _____ for accident resulting in death or permanent or total disablement or permanent partial disablement outside place of work for after due verification of Application No _____ and Attached Documents dated _____. As requested, amount shall be paid by Postal Money Order / DD /

Cheque / RTGS _____ to Address _____
 _____ Bank Account No & Branch _____

Place:

Date:

Designation Seal and Signature of Sanctioning Officer

Assistance for accident resulting in death or permanent or total disablement or permanent partial disablement outside place of work is hereby rejected to Mr / Ms _____ residing at _____ after due verification of Application No _____ and Attached Documents dated _____ due to the following reasons

Place:

Date:

Designation Seal and Signature of Sanctioning Officer

40. Substitution of Form XXII.- For Form XXII of the said rules, the following shall be substituted, namely:

FORM XXII

[See sub-rule (3) (a) of Rule 48]

Application for assistance of medical expenses for treatment of major ailments of a beneficiary excluding hospitalization charges (in Government Hospitals or ESI recognized Private Hospitals / RSBY Hospitals) under Karmika Chikitsa Bhagya (Hospitalization Charges are re-imbursed under Karmika Arogya Bhagya)

To:

The Secretary,

Karnataka Building and Other Construction Workers' Welfare Board,

Kalyana Suraksha Bhavana, Government ITT Compound,

Near Bangalore Dairy Circle,

Bannerughatta Road, Bengaluru-560 029.

1.	Personal Details of Applicant:
	i. Name of applicant/
	ii. Age of Applicant:
	iii. Postal Address:
	iv. Bank Name, Branch and Account Number:

	v. Adhaar Number	
	vi. Contact Phone Number	
2.	Registration Details	
	i. Registration Number:	
	ii. Date of Registration	
	Age at the time of Registration / Date of Birth	
3.	Date of completion of 60 years/	

4. Payment of Subscription Amount			
Subscription	Date/s of Payment	Bank Name & Branch	Amount
First Subscription			
Last Subscription			
Number of Years Registered	Total Amount of Subscription to be Paid	Total Amount of Subscriptions Paid	Default & Reasons

5. Details of disease/accident (See List Below for Covered Ailments):						
Sl. No.	Date of Admission To Hospital	Hospital / Clinic where treated	Type of Treatment	Duration of Treatment	Cost of Treatment	Date of Discharge
Details of Disease & Treatment						
Details of Accident & Treatment						
Name & Signature of Treating Doctor / Hospital Authority						

6.	Mention name of major ailment specified below for which the beneficiary has taken treatment:	
	(heart operation, kidney transplantation, eye operation, treatment of paralysis, orthopaedics operation, uterus operation, treatment of asthma disease, maternity miscarriage cases, treatment of gall- bladder ailments, removal of kidney stone, treatment of brain haemorrhage, treatment of ulcer, treatment of cancer, dialysis, kidney related surgery, E.N.T. treatment and surgery, neurosurgery, vascular surgery, esophagus treatment and surgery, gastrointestinal surgery, breast related treatment and surgery, hernia surgery, appendicitis surgery, treatment of fractures/dislocation, general surgery.)	

7.	List of documents submitted:
a)	Identity Card / Smart Card:
b)	Pass Book:
c)	Bills of Hospital showing Admission & Discharge Dates and all treatments given:

d)	Challans of Subscription paid:	
8.	Preferred Mode of Payment:	
a.	Money Order (Mention Address and Post Office):	
b.	Cheque /DD (Mention Bank Name and Branch and Account Number and Address to which Cheque is to be sent)	
c.	RTGS (Mention Bank Name and Branch and Account Number and IFSC Code of Bank)	

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

Place:

Date:

Signature/LTI of the Beneficiary

Acknowledgement

Received Application dated _____ from Shri/Shrimati _____
having _____

Registration Number _____ for Medical Reimbursement under Karmika Chikitsa Bhagya duly filled and signed with copies of relevant documents.

Place:

Date:

Designation Seal and Signature of Receiving Officer

Medical Re-imburement Sanction / Rejection Order

Medical Re-imburement Sanction Order No :

Medical Re-imburement of Rs _____ is hereby sanctioned to Mr / Ms _____ residing at _____ for Major Medical Treatment under Karmika Chikitsa Bhagya for _____ ailment at _____ Hospital after due verification of Application No _____ and Attached Documents dated _____. As requested, amount shall be paid by Postal Money Order / DD / Cheque / RTGS _____ to _____ Address _____ Bank Account No & Branch _____

Place:

Date:

Designation Seal and Signature of Sanctioning Officer

Medical Re-imburement of Rs _____ is hereby rejected to Mr / Ms _____ residing at _____ for Major Medical Treatment under Karmika Chikitsa Bhagya at _____ Hospital after due verification of Application No _____ and Attached Documents dated _____ for the following reasons:

Place:

Date:

Designation Seal and Signature of Sanctioning Officer

41. Substitution of Form XXII-A.- For Form XXII-A of the said rules, the following shall be substituted, namely:

FORM XXII-A

[See Rule 48(3)]

**Form of certificate to be given by the Doctor who has treated the patient for major ailments
(in Government Hospitals or ESI recognized Private Hospitals / RSBY Hospitals)**

1	Name and present address of the beneficiary:	
2	No. and date of Registration:	
3	Place at which the patient fell ill:	
4	Nature of illness and its duration:	
5	Date of Admission to the Hospital:	
6	Details of Treatment Given:	
7	Total amount claimed:	
8	List of enclosures	
(1)	Prescription	
(2)	Medical Bills and Vouchers	
(3)	Discharge Summary	

Essentiality Certificate

I certify that, Shri/Smt. _____ Who is Registered Construction Worker or dependant was under my treatment for _____ disease from _____ to _____ at the _____ Hospital /Clinic which is a Government Hospitals or ESI recognized Private Hospitals / RSBY Hospitals and that the undermentioned tests, procedures / surgeries / treatments/ medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of patient. I also certify that the patient has recovered fully.

Sl. No.	Admission Date	Discharge Date	Diagnosis	Investigations / Lab Tests	Cost	Surgical Treatment / Procedur	Cost	Medicine Name & Quantity	Cost

Place:

Date:

Signature of the Medical Officer in-charge of the Hospital

42. Substitution of Form XXIII.- For Form XXIII of the said rules, the following shall be substituted, namely:

FORM XXIII

[See Rule 49]

Application for payment of Assistance for the marriage of the beneficiary or his/her two dependent children through 3 Year Gruha Laxmi Bond

Application No :

Fee: Rs. 10/-

To,

The Secretary

Karnataka Building and Other Construction Workers' Welfare Board,

Government III Compound Near Bangalore Dairy Circle,

Bannerughatta Road, Bengaluru-560 029

1.	Personal Details of Applicant			
	i. Name of applicant:			
	ii. Age of Applicant:			
	iii. Postal Address:			
	iv. Bank Name, Branch and Account Number:			
	v. Adhaar Number			
	vi. Contact Phone Number			
2.	Registration Details			
	i. Registration No			
	ii. Date of Registration			
	iii. Age at the time of Registration / Date of Birth			
3.	Date of completion of 60 years/			
4.	Payment of Subscription Amount			
	Subscription	Date/s of Payment	Bank Name & Branch	Amount
	First Subscription			
	Last Subscription			
	Number of Years Registered	Total Amount of Subscription to be Paid	Total Amount of Subscriptions Paid	Default & Reasons

5	Whether the marriage assistance is sought for the marriage of the beneficiary or his son / daughter:								
	SL. No.	Name of Person Marrying	Male/ Female	Age	Date of Marriage (Note : Application must be within 3 months date of marriage)	Place of Marriage (Note : Marriage must be in Karnataka)	Name of Spouse	Age of Spouse	Marriage Certificate Number Issued by Registrar of Marriages
6	Details of sons or daughters of the beneficiary:								
	Sl. No.	Name	Male/Female	Age	Date & Place of Marriage	Whether Claimed from Board	Benefit		
7	Whether similar application has been made by anybody else in the family who is a beneficiary of the Board:								
8	Give bank account number with name, address and IFSC code of the bank:								

The facts mentioned above are true to the best of my knowledge and belief.

Place:

Date :

Signature/ LTI of the Applicant

Acknowledgement

Received Application dated _____ from Shri / Shrimati _____ having Registration Number _____ for Marriage Re-imburement through Gruha Laxmi Bond duly filled and signed with copies of relevant documents.

Place:

Date:

Designation Seal and Signature of Receiving Officer

Marriage Re-imburement Through Gruha Laxmi Bond Sanction / Rejection Order

Marriage Re-imburement Sanction Order No :

Gruha Laxmi Bond for 3 years of Rs _____ is hereby sanctioned to Mr / Mrs _____ residing at _____ who is Married Registered Construction Worker / Bride of Registered Construction Worker / Married Daughter of Registered Construction Worker / Daughter -in - Law of Registered Construction Worker for Marriage Dated _____ at _____ Place after due verification of Application No _____ and Attached Documents dated _____. As requested, amount shall be paid by 3 year Bond to Bank Account No & Branch _____.

Place:

Date:

Designation Seal and Signature of Sanctioning Office

Gruha Laxmi Bond for 3 years of Rs _____ is hereby rejected to Mr / Mrs _____ residing at _____ after due verification of Application No _____ and Attached Documents dated _____ due to following reasons:

Place:

Date:

Designation Seal and Signature of Sanctioning Officer

43. Insertion of new Form XXIII-A, XXIII-B and XXIII-C.- After Form XXIII of the said rules, the following shall be inserted, namely:-

FORM XXIII-A

(See Rule 49D)

Liquefied Petroleum Gas(LPG)

**Application for assistance of Liquefied Petroleum Gas(LPG) connection to
Registered Construction Worker (Karmika Anila Bhagya)**

Application No.

Fee: Rs. 2/-

To,

The Secretary,
Karnataka Construction Workers Welfare Board,
Kalyana Suraksha Bhavan,
Dairy Circle, Bannerghatta Road, Bengaluru -560 029

1	Name of the applicant:	
2 A	Present Residential Address:	
2 B	Permanent Residential Address:	
2 C	Mobile Number	
3	Caste	
4	Sex	
5	Adhaar Number	
6A	Registration Number:	
6B	Date of Registration:	
7	Amount of Subscription paid till date of Application	
8	Trade or Specialization: Plumber/ Electrician/ Painter/ Carpenter / Other (please specify)	
9	EPIC No.	
10	Ration Card No.	
11 A	Bank, Branch, Name, Code & Address & Contact No. & IFSC Code of Bank	

11B	Bank Account Number	
12	Whether the applicant or any of his dependents possess an LPG connection already? YES/ NO	
13	Documents to be enclosed: a. Self attested copy of Registration ID Card b. Self attested copy of Aadhaar Card c. Self attested copy of EPIC Card d. Self attested copy of Ration Card e. An Affidavit signed before Notary or attested by relevant Food Inspector to the effect that the applicant has not availed the facility of a concessional or subsidized LPG connection either in his or her own name or in the name of any dependents.	

DECLARATION

I hereby declare that the above statements are true and correct to the best of my knowledge and belief.

Place

Date

Signature of Applicant**Acknowledgement**

Received application & processing fees for LPG Connection and Double Burner Gas Stove from Sri/Smt. _____ with Registration No: _____ Adhaar No. _____ Address _____ with necessary documents on _____. The application is under verification.

Place

Date

Receiving Officer**Sanction Order**

The Application of Shri/Smt. _____ Registration No. _____ Adhaar Card No. _____ Address _____ are verified and found correct, Hence, LPG connection and Double Burner Gas Stove is sanctioned, subject to cross verification by the Department of Food & Civil Supplies and the concerned gas agency.

Place

Date

Seal and Signature of the Sanctioning Officer**Rejection / Cancellation Order**

The application and documents of Sri/Smt. _____ Registration No: _____ AdhaarNo. _____ Address _____ is verified and rejected for the following reasons:

- 1.
- 2.
- 3.
- 4.

Place

Date

Seal and Signature of the Sanctioning Officer

FORM XXIII-B

(See Rule 49E)

**Application for assistance of Concessional Bus Pass to registered construction workers in
Bengaluru Metropolitan Corporation (BMTc) buses**

Application No.

To,

The Secretary,
Karnataka Construction Workers Welfare Board,
Kalyana Suraksha Bhavan,
Dairy Circle, Bannerghatta Road,
Bengaluru -560029

1. Name of the applicant:
2. Present Residential Address:
3. Permanent Residential Address:
4. Registration details (Attached a copy of registration ID):
 - (a) Register Number:
 - (b) Date of Registration :
 - (c) Subscription paid up to (date):
 - (d) Age in years & Date of Birth:
Trade: Plumber/ Electrician/ Painter/ Carpenter / Other (please specify)
BMTc Route for which the Bus Pass is sought?:
From to..... Via
5. Documents to be enclosed:
 - (a) Self attested copy of Registration ID Card
 - (b) Self attested copy of Aadhaar Card
 - (c) Self attested copy of Ration Card or Voter ID Card
 - (d) Filled in BMTc Bus Pass Form

DECLARATION

I hereby declare that the above statements are true and correct to the best of my knowledge and belief.

Place:

Date:

Signature of Applicant
(Registered Construction worker)

Acknowledgement

Received application for assistance of Concessional Bus Pass to Registered Construction Workers in Bengaluru Metropolitan Corporation (BMTc) buses from Sri/Smt. _____ with Registration No: _____ Address _____ with necessary documents on _____. The application is under verification.

Place

Date

Receiving Officer

Sanction Order

The Application of Shri/Smt _____ Registration
No. _____ Adhaar Card No _____

Address _____ are verified and
found correct, Hence, assistance of Concessional Bus Pass to Registered Construction Workers in
Bengaluru Metropolitan Corporation (BMTc) buses is sanctioned.

Place _____

Date _____

Seal and Signature of the Sanctioning Officer

Rejection / Cancellation Order

The application and documents of Sri/Smt _____ Registration
No: _____ AdhaarNo. _____

Address _____ is verified and
rejected for the following reasons:

- 1.
- 2.
- 3.
- 4.

Place: _____

Date: _____

Seal and Signature of the Sanctioning Officer

FORM XXIII-C

(See Rule 49F)

Application for assistance of Student Bus Pass to children of registered construction workers
travelling in KSRTC buses

Application No. _____

To,

The Secretary,
Karnataka Construction Workers Welfare Board,
Kalyana Suraksha Bhavan,
Dairy Circle, Bannerghatta Road,
Bengaluru -560029

1. Name of the applicant (Registered Worker):
2. Present Residential Address:
3. Permanent Residential Address:
4. Registration details:
 - (a) Registration Number:
 - (b) Date of Registration :
 - (c) Subscription paid up to (date):
 - (d) Age in years & Date of Birth:

Trade of construction worker:

Plumber/ Electrician/ Painter/ Carpenter / Other (please specify)

5. Details of all children of registered construction worker:

S. No.	Name of child	Gender (M/F)	Age (years)	Class / Std.

6. Details of child (student) for whom the Bus Pass assistance is sought:
- Name:
 - Age:
 - Class:
 - School name and address:
7. KSRTC Route for which the Student Bus Pass is sought?:
From to Via
8. Documents to be enclosed:
- Self attested copy of Registration ID Card
 - Self attested copy of Aadhaar Card
 - Self attested copy of Ration Card or Voter ID Card
 - Filled in KSRTC Student Bus Pass Form

DECLARATION

I hereby declare that the above statements are true and correct to the best of my knowledge and belief.

Place:

Date:

Signature of Applicant
(Registered Construction worker)

Acknowledgement

Received application for assistance of Student Bus Pass to children of Registered Construction Workers travelling in KSRTC Buses from Sri/Smt. _____ with Registration No. _____ Address _____ with necessary documents on _____ The application is under verification.

Place

Date

Receiving Officer

Sanction Order

The Application of Shri/Smt. _____ Registration No. _____ Adhaar Card No. _____ Address _____ are verified and found correct, Hence, assistance of Student Bus Pass to children of Registered Construction Workers travelling in KSRTC Buses is sanctioned.

Place

Date

Seal and Signature of the Sanctioning Officer

Rejection / Cancellation Order

The application and documents of Sri/Smt. _____ Registration No. _____ AdhaarNo. _____ Address _____ is verified and rejected for the following reasons:

- 1.
- 2.
- 3.
- 4.

Place:

Date:

Seal and Signature of the Sanctioning Officer