

**J&K BUILDING AND OTHER CONSTRUCTION WORKERS WELFARE BOARD**  
**DISABILITY ASSISTANCE CLAIM FORM UNDER MUHAFIZ SCHEME (PMJJBY/ PMSBY)**  
**(from 01.01.2018)**

**PART A:**

<b>FORM NO:</b> _____	
Date of issue    ___ / ___ / ___	Date of receipt    ___ / ___ / ___
Signature of the Dealing hand/ Assistant Labour Commissioner	

**PART B: Policy Particulars**

1	POLICY No.	MUHAFIZ Scheme	
2	Name & Address of Nodal Agency, Telephone number of nodal agency	J&K Building and Other Construction Workers Welfare Board	
3	Contact number of nodal agency	0191-2539984 (Jmu) and 0194-2465010 (Sgr)	
4	e-mail address of Nodal Agency	<a href="mailto:jkbocwwb@gmail.com">jkbocwwb@gmail.com</a>	

**PART C: Particulars of registered worker Member to be filled by Claimant**

1	Name of the District *												
2	Name of the Registered worker *												
3	Address of the worker *												
4	Registration Number *												
5	Date of Registration *	___ / ___ / ___											
6	Monthly Contribution Fee paid upto *	___ / ___ / ___											
7	Aadhar Card Number / Biometric Card Number of deceased member	<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>											
8	Name of Father/ Husband of registered worker *												
9	Date of birth of registered worker / Age *	___ / ___ / ___      _____ years											
10	Date of Disability*	___ / ___ / ___											
11	Nature & Percentage of Disability												

I hereby declare that the information provided above is true in all respects, and nothing has been concealed. If anything found, false/incorrect afterwards I shall be held responsible for the same and the claim shall stand forfeited.

Signature/Thumb Impression of the registered worker

**NOTE: (\*) marked Fields are mandatory**

**PART D: RECOMMENDATION BY ALC OFFICE**

1	Membership Number (Member ID)	
2	LIC ID of the Member	
3	Name and Registration Number * of the registered worker*	
4	Date of Registration *	___ / ___ / ___
5	Monthly Contribution Fee paid upto *	___ / ___ / ___
6	Whether member is converged to PMJJBY / PMSBY or new entrant (To decided applicability of lien clause in case of CPMJJBY)	<b>NEW ENTRANT</b>

7	Whether registered worker is earning member or head of the family	YES
8	Whether registered worker is living below poverty line or marginally above poverty line	YES
9	Whether registered worker is engaged in one of the approved forty-eight occupations ( As per scheme rules)	YES

1. Certified that the replies to the above questions given by claimant in part B and C are verified from our records and same are found correct as per our data base.
2. Replies given in Part A and D are correct and verified from our records.
3. Registered worker is an active worker at the time of disablement and fulfilled eligibility criteria as per scheme rules. .

Recommendation by Labour Officer/Labour Inspector

After spot verification in the case it has been found that the applicant is a construction worker and the information and documents submitted in support of the disability claim form have been verified and found correct. Hence I recommend the case for disability assistance under MUHAFIZ scheme.

Signature and Seal of the Labour Inspector/ Labour Officer

Name \_\_\_\_\_

Recommendation by Assistant Labour Commissioner

I, hereby, endorse the recommendation of the Labour Officer/Labour Inspector for disability assistance under MUHAFIZ scheme for registered worker namely \_\_\_\_\_ registration No. \_\_\_\_\_ dated \_\_\_\_\_.

Signature and Seal of the Assistant Labour Commissioner

Name \_\_\_\_\_

**PART E: RECOMMENDATION BY CEO/SECRETARY**

I, hereby, endorse the recommendation of the Assistant Labour Commissioner for disability assistance under MUHAFIZ scheme for registered worker namely \_\_\_\_\_ registration No. \_\_\_\_\_ dated \_\_\_\_\_.

Seal and Signature authorized signatory of the nodal agency

Name \_\_\_\_\_

**List of documents to be submitted to the P&GS unit office :**

1. \* Original Medical Certificate issued by the Medical Board or competent authority
2. \* Attested Age Proof of the registered worker.
3. \* Duly attested photocopy of Bank Passbook of the Nominee / Legal Heir or cancelled cheque bearing the name of nominee / legal heir and IFSC code of the branch of the bank.
4. Photocopy of Aadhar Card / Biometric Card of the registered worker.

**PART B****Without Prejudice****DISCHARGE RECEIPT FROM REGISTERED WORKER**

I/We \_\_\_\_\_ hereby acknowledge receipt from Life Insurance Corporation of India a sum of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ Only) in full and final satisfaction and discharge of all our claims under the above Scheme on the life of member \_\_\_\_\_ resident of \_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

**Signature/Thumb Impression of registered worker**

**Witnessed by****SEAL of the Nodal Agency****Signature of Authorized Official of nodal agency**

Name of the Officer \_\_\_\_\_:

Designation: \_\_\_\_\_

Revenue Stamp
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