

APPLICATION FOR THE BENEFIT FROM THE KSE BOARD EMPLOYEES' WELFARE FUND

DEATH/DISABLEMENT/RETIREMENT/RESIGNATION/DISMISSAL

(See clause 9 of the Regulations)

1. B.O. No. PSVI/1384/89/761/89(23) dated 01.04.1990.
2. B.O. No. 1137/97/PS1/3146/85 dated, Thiruvananthapuram 27.05.1997.
3. Circular No. PS.WF-GB/2017 dated 22.11.2017

1	Name of the Employee (In Block Letters)	
2	EWF Membership Number	
3	Employee Code (Mandatory)	
4	Designation & Office address of the Member (in full) (In Block Letters)	
5	Date of Birth	
6	Date of Superannuation	
7	Date of Entry in Service	
8	Date of Joining the Fund	
9	Date of Retirement/Resignation/Dismissal	
10	Documents produced in proof of Retirement/Resignation/Dismissal (Certificate showing the date of retirement and details of recovery made at double the normal rate of EWF Subscription during the penultimate month of the retirement/attested copy of relieving memo)	
11	Date on which the member died/disabled	
12	Documents produced in proof of Death/Permanent Disablement (In case of death, Certificate from the Registrar of Births and Deaths. In case of unnatural death, attested copies of postmortem certificate, Mahassar and FIR. In case of permanent disablement, attested copy of the order issued by the competent authority permitting the employee to retire from service on invalid grounds and attested copy of the certificate from District Medical Board showing the percentage of disability)	
13	Documents submitted in proof of Contribution (The Employees' Welfare Fund Hand Book/Membership Card/Pass Book of the employees attested year-wise/recovery statement attested in all pages by the drawing officer)	
14	Names and address of the Nominees in case of death of the Member (In Block Letters). (Legal Heirship Certificate from Tahsildar or Succession Certificate from a court of law should be produced. In the case of LHC Internally Bond executed by all legal heirs and notarized by Notary Public)	
15	Present address of the employee (In the case of Disablement/Retirement/Resignation/Dismissal)	

Bank Account Details (Mandatory in the case of Retirement/Resignation/Dismissal/Disability benefits)	
16	Salary Bank Account Number
	Name of Bank & Branch
	IFS Code
	Name of Nominee

DECLARATION

I/We declare that the particulars given above are true to the best of my knowledge and belief. I / We request that the benefits due to me/us, under the provisions of the KSE Board Employees' Welfare Fund Regulations, 1990 may be disbursed to me/us.

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

CERTIFICATE OF CONTROLLING OFFICER

Certified that Sri./Smt. had been admitted to the Fund with effect from and the recoveries as contemplated in the Regulations have been effected till the Death / Retirement/Dismissal of the Member and the details thereto entered in the Hand Book of the Member which is enclosed. Also certified that the particulars given by the member have been verified with the records maintained at this office and found correct.

Place:

SIGNATURE, DESIGNATION & SEAL OF
THE DRAWING /DISBURSING OFFICER

Date:

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

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

Stamp

Signature of Member

Name:

Counter Signed

Signature of Head of ARU
with office seal