

GOA LABOUR WELFARE BOARD

SCHEME NO. XII

SCHEME TO PAY INCENTIVES TO THE WARDS OF WORKERS ON THE BASIS OF PERCENTAGE OF MARKS OBTAINED BY THEM ON PASSING FINAL EXAMINATION CONDUCTED BY THE BOARDS/UNIVERSITIES FROM CLASS X ONWARDS.

Applications are invited from the wards of workers/employees employed in the State of Goa, for payment of incentive during the academic year. The payment of incentive is based on percentage of marks obtained by them on passing final examination conducted by the Boards/Universities from class X onwards.

The rates of incentives payable are as follows:

	1st Division (60% above)	II Division (50% above)
a) High School (X Std)	Rs. 1,250/-	Rs. 875/-
b) Plus 2/Industrial Trade Certificate (ITI) (XI & XII)	Rs. 1,875/-	Rs. 1,250/-
c) Graduation/ 3 years Prof. Diploma	Rs. 2,500/-	Rs. 1,875/-
d) Prof. Degree (BE/MBBS/B.Arch. etc)	Rs. 5,000/-	Rs. 3,750/-

The eligible students should submit their application in the prescribed proforma as per Annexure I (enclosed) to their respective Heads of Educational Institutions where they are studying along with attested copy of Marksheet and Certificate of employment from the management where their parents are employed. After receipt of applications from the eligible students, the respective Heads of Educational Institutions shall forward all the applications alongwith the separate statement as prescribed in Annexure II for each class-wise to this office within one month from the date of announcement of the results by the Board/Universities.

The applications which are found incomplete and / or submitted without required attested documents/certificates will be straightaway rejected without any intimation to the students/Institutions concerned.

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ANNEXURE – 1

Application form to claim payment under the scheme of paying incentives to the wards of employees/workers on passing final examination conducted by the University/Board from Class X onwards.

1. Name of the applicant: _____
2. Date of Birth: _____
3. Name of the Board/University from which final examination passed _____
4. Name of the examination passed and year of passing _____
5. Percentage of marks obtained (Attested Marksheet to be enclosed) _____
6. Name of the Father / Mother _____
7. Occupation of father/mother (certificate from employer to be attached) _____
8. Monthly income of father/mother/guardian _____
9. Full postal address & Contact No. _____

I solemnly affirm that the above particulars are correct to the best of my knowledge and belief. In the event of any of the above statements being found incorrect, I hereby undertake to refund the full amount of incentive received forthwith to the Secretary, Goa Labour Welfare Board.

I further understand that I will be debarred from grant of incentive for such number of years as the Secretary of the Board may decide.

I also undertake to abide by the terms and conditions of the scheme.

Date :

Place :

Signature of the Candidate

**Signature/Thumb impression of Father/Mother
with name in block letters in English**

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ANNEXURE – II

Statement giving the information about the wards of workers passing final examination from Class X onwards.

Name of the Institute _____

Date of declaration of results _____

Date of sending the statement to the Secretary, Goa Labour Welfare Board _____

Name of the examination _____

SR. NO	NAME OF THE STUEDENT BEING THE WARD OF A WORKER	NAME OF THE PARENT/ GUARDIAN OF THE STUDENT	MONTHLY INCOME OF THE PARENTS	% OF MARKS OBTAINED BY THE STUDENT	AMOUNT OF INCENTIVE PAYABLE UNDER SCHEME
1	2	3	4	5	6

Signature of the Principal/Head of the Institution with Stamp and date

ANNEXURE – III

Certified by the Owner/Manager/Contractor/Director/Proprietor/Partner.

Certified that Shri/Smt. _____ having Serial No. _____ of the register /record mentioned under this establishment and employed as _____ (skilled/unskilled, manual or clerical labour other than casual or contract otherwise than in a position of supervision or management) and has completed more than six (6) months continuous service.

I further certify that the income of the said employee is Rs. _____ (Rupees _____) per month including all allowances and perquisites allowed by this establishment but excluding Bonus. It is further certified that my establishment is covered under Goa, Daman & Diu Labour Welfare Fund Act, 1986 and Employers'/Employees' Contributions are being regularly remitted to the Labour Welfare Fund.

Dated:

Signature
Full name in Block letters
Designation with Seal

Full postal address of the Industrial Establishment
Seal of the Establishment