

GOA LABOUR WELFARE BOARD

SCHEME NO.V

SCHEME FOR GRANT OF FINANCIAL ASSISTANCE TO THE INDUSTRIAL WORKERS /EMPLOYEE FOR PURCHASE OF SPACTACLES.

- 1) “Those Industrial Workers/Employees who have completed one year of service in the Industrial Establishment on the date of application even after computing broken spells of service and who are covered under clause (C) of Section 2 of the Goa, Daman and Diu Labour Welfare Fund Act, 1986 shall be eligible to get benefit under this scheme.”
- 2) The workers shall get their eyes tested in the State Hospitals or in the Goa Medical College or from a qualified Optician and obtain the lens (s) number for the spectacles.
- 3) The re-imburement will be made on the production of cash receipt for purchase of spectacles, and prescription from the optician/doctor before the Secretary, Goa Labour Welfare Board.
- 4) The cost of frame and lenses shall be borne by the Board to the extent of Rs.2000/- (Rupees Two Thousand Only). If the cost exceeds the said amount, it will be met by the Industrial Worker/employee himself.
- 5) An Industrial workers/employee who has been supplied with the spectacle will not be entitled for replacement of the same for the following 5 years. If the power of the lenses needs a change, the lenses may be replaced after one year from the date of purchase for which last reimbursement was made and a cost not exceeding Rs.400/- (Rupees Four Hundred Only).
- 6) The eligible worker shall have to apply in the prescribed form for obtaining the spectacles or reimbursement of the cost thereof in part or full from the Labour Welfare Fund.

GOA LABOUR WELFARE BOARD

SCHEME-V

FORM OF APPLICATION FOR OBTAINING SPECTACLES FROM THE GOA LABOUR WELFARE BOARD.

1. Name :
2. Father's name :
3. Age :
4. Sex :
5. Name of industrial establishment/
contractor /where employed at present :
6. Name of the owner of the industrial
establishment :
7. Designation :
8. Date of appointment :
9. Industrial establishment / contractor in
which he has worked in the past with
approximate month & year :
10. Wage received per month :
11. Does he / she already wear the
spectacles? Yes/no :
12. I have not been supplied with the
spectacles for the last 5 years :

Date:

Signature of the applicant

CERTIFICATE OF MANAGEMENT/CONTRACTOR

13. Service rendered from time to time.

NO	NAME OF INDUSTRIAL ESTT/ CONTRACTOR	B.R. NO.	PERIOD FROM /TO	TOTAL SERVICE	SIGNATURE OF THE MANAGEMENT/ CONTRACTOR IN TOKEN OF HAVING CERTIFIED THE SERVICE PERIOD
1	2	3	4	5	6

It is further certified that he/she gets Rs. _____ exclusive of bonus, per month and his/her economic condition is so poor that he / she cannot purchase spectacles. He / She deserve providing of financial assistance for Spectacles.

Date:

**Name of Manager / Owner/Contractor
Seal of management.**

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CERTIFICATE OF THE MEDICAL OFFICER OF THE ORGANISATION

It is certified that I have examined Shri/Smt./Kum. _____ s/d/w/ of employed to the conclusion that he / she need corrective lenses to improve his/ her vision. The case deserves further examination by an eye specialist. He/she is therefore, referred to _____ or (name of hospital is to be given) _____ (qualified private eye specialist)

Name:

Date:

Designation

Seal

CERTIFICATE OF THE EYE SPECIALIST

Certified that I have examined Shri/Smt./ Kum. _____ S/D/W of _____ Age _____ Sex _____ carefully and allot the vision / lenses number as under:

RIGHT VISION

LEFT VISION

I further suggest that the patient should continue to take the following treatment for a period of _____ after this he / she should attend the hospital / clinic _____ on _____ for recheck.

Date:

Medical Officer/Eye Specialist

Seal