

# **GOA LABOUR WELFARE BOARD**

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## **SCHEME No. XIII**

### **SCHEME FOR PAYMENT OF EXTRA MONETARY COMPENSATION FOR STERILIZATION TO EMPLOYEES**

#### **INTRODUCTION:**

The fact that the fruits of our national development efforts are being eaten away by constant rise in our population hardly needs any emphasis. In order to promote the small family norm, the Government of India as well as the State Governments have undertaken many a scheme. The monetary incentives for those who undergo sterilization in one of such schemes in furtherance of the overall -1/ national objective of small family norm and to achieve desired rate of population growth as well as Health for all by the turn of the century. Though the population growth in Goa is under control, the idea is not appreciated in the weaker section especially the working class. Goa Labour Welfare Board therefore considers it necessary to go a step further in popularization of the two child family norm amongst the workers, who constitute a sizeable number of the target groups of the Society.

#### **ELIGIBILITY:**

The Goa Labour Welfare Board proposes to give monetary incentives at the rate of Rs. 4,000/- per head, over and above the incentives given by other agencies, to each worker/employee of his/her spouse, who undergo vasectomy/tubectomy and produce certificate to that effect from the Medical Officer working in a recognized hospital operating upon him/her. The incentive being payable only once in the life of the beneficiary.

#### **PROCEDURE FOR PAYMENT OF INCENTIVES:**

The worker/employee and his/her spouse having two or less living children who has undergone vasectomy/tubectomy may produce a certificate to the effect in the proforma at Annexure 'A' before the Secretary, Goa Labour Welfare Board or any other officer working under him in the office alongwith application in the prescribed proforma at Annexure 'B' requesting that he/she be paid an amount of Rs. 4,000/- being the monetary incentive for undergoing sterilization. The application shall also specify that he/she does not have more than two living children and get that statement countersigned as correct from the Sarpanch of the concerned Panchayat, the Mamlatdar of Taluka, a Gazetted Officer or any authority notified by the Board. Such a request shall be valid only upto one year from the date of undergoing vasectomy/tubectomy operation. On receipt of the application, the concerned officer and the Secretary shall, on being satisfied about the facts, disburse an amount of Rs. 4,000/- to the applicant forthwith. The receipts obtained from the beneficiaries will be maintained for accounting purpose.

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## ANNEXURE 'A' Doctor's Certificate

This is to certify that Shri./Smt. \_\_\_\_\_ Husband  
/ Wife of \_\_\_\_\_ whose signature / LTI is  
appended below has undergone sterilization operation successfully on  
\_\_\_\_\_ at \_\_\_\_\_ (Name of the Medical Institution).

I recommend the monetary compensation of Rs. 4,000/- may please be paid to him  
/ her from Goa Labour Welfare Board.

**Signature:**

**Name of the Doctor:**

(Seal)

(Signature/LTI of Shri. /Smt. \_) \_\_\_\_\_

## ANNEXURE 'B'

### APPLICATION FORM FOR PAYMENT OF MONETARY COMPENSATION FOR STERILISATION.

1. Name of the applicant
2. Wife/Husband of
3. Identity Card no. (if any)
4. No. of living children of the applicant
5. Date of Sterilisation
6. Medical Institution where sterilisation was conducted
  - i It is requested that Monetary Compensation on @ Rs. 4,000/- may be sanctioned to me for having undergone sterilization operation at \_\_\_\_\_ (NAME OF MEDICAL INSTITUTION)
  - ii A certificate issued by the aforesaid medical institution is enclosed herewith.
  - iii I undertake that I shall refund the said compensation if at any stage it is proved that it is false claim.

**Dated:**

**Signature/Thumb impression of the  
applicant**

**Countersigned by Panchayat Sarpanch/Mamlatdar of Taluka/Gazetted Officer.**

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## ANNEXURE 'C'

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 position of  
supervision or management) and has completed more than six (6) months of continues  
service. I further certify that the income of the said employee/s is Rs. \_\_\_\_\_  
(Rupees \_\_\_\_\_) per month including all  
allowance and perquisites allowed by this establishment but excluding bonus. It is further  
certified that my establishment is covered under Goa, Daman & Diu Labour Welfare 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.**

**Seal of establishment full postal address of the industrial establishment.**