



Manpower Department



CIN- U10102MP1985GOI003160

An ISO: 9001, ISO: 14001 & OHSAS: 18001 Certified Company

पोस्ट- सिंगरौली कोलियरी, जिला- सिंगरौली, म.प्र., पिन 486889/ Post- Singrauli Colliery, Distt- Singrauli, M.P. PIN-486889

Phone: 07805- 266808, (FAX) 266640, website : www.nclcil.in

Ref No – NCL/SGR/PD/MP/2020/141

Date: 10.07.2020

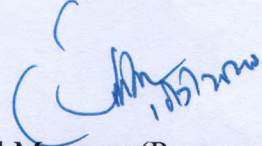
Office Order

Competent Authority has accorded approval of "Standard Operating Procedure for providing Employment to Dependents or Payment of Monetary Compensation per month in lieu of employment" under 10th Wage Agreement for CIL & SCCL (NCWA-X).

The **SoP** shall come into force with immediate effect. The **SoP** is enclosed for information and compliance by all concerned.

This issues with the approval of Competent Authority.

Encl: As Stated Above


General Manager (Personnel)
NCL, HQ, Singrauli

Distribution:-

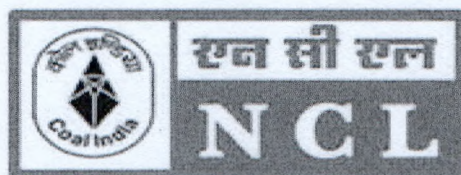
1. General Manager /In-Charge, All Area/Units.
2. CMS, NSC-Jayant.
3. General Manager (P/NEE) /(EE) / (HRD), NCL, HQ
4. Staff Officer (Personnel)/ (Finance) All Area/Units.

Copy For Kind information to:

1. CMD, NCL
2. Director Technical (OP) / Technical (P&P) / (Personnel) / (Finance) , NCL

Northern Coalfields Limited

**Standard Operating Procedure
for
Dependent Employment/
Monetary Compensation**



Northern Coalfields Limited

Panjreh Bhawan,

P.O. Singrauli, District: Singrauli,

Madhya Pradesh - 486889

<http://www.nclcil.in>

1. **SHORT TITLE :** STANDARD OPERATING PROCEDURE for providing employment to dependents OR payment of monetary compensation per month in lieu of employment under JBCCI-X.
2. **Applicability :** This Standard Operating Procedure shall be applicable in whole of Northern Coalfields Limited.

3. Definitions :

- i) **Company :** Company means Northern Coalfields Limited.
- ii) **Spouse :** Wife or husband of the ex-employee, as the case may be.

4. Provisions of NCWA-VI/ JBCCI-X for dependent employment /payment of monetary compensation in lieu of employment. QUOTE -

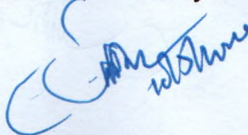
9.3.0: Provision of Employment to Dependents:

- 9.3.1: Employment would be provided to one dependant of workers who are disabled permanently and also those who die while in service. The provision will be implemented as follows:-
- 9.3.2: Employment to one dependant of the worker who dies while in service: In so far as female dependant are concerned, their employment / payment of monetary compensation would be governed by Para 9.5.0.
- 9.3.3: The dependant for this purpose means the wife/ husband as the case may be, unmarried daughter, son and legally adopted son. If no such direct dependant is available for employment, brother/ widowed daughter/widowed daughter-in-law or son-in-law residing with the deceased and almost wholly dependent on the earnings of the deceased may be considered to be the dependant of the deceased.
- 9.3.4: The dependants to be considered for employment should be physically fit and suitable for employment and aged not more than 35 years provided that the age limit in case of employment of female spouse would be 45 years as given in Clause 9.5.0. In so far as male spouse is concerned, there would be no age limit regarding provision of employment.

9.4.0: Employment to one dependant of a worker who is permanently disabled in his place:

- i. The disablement of the worker concerned should arise from injury or disease, be of a permanent nature resulting into loss of employment and it should be so certified by the Coal Company concerned.
- ii. In case of disablement arising out of general physical debility so certified by the Coal Company, the employee concerned will be eligible for the benefit under this clause if he/she is upto the age of 58 years.

The term 'general physical debility' would mean deficiency of a workman due to any disease or other health reason leading to his/her disablement to perform his/her duties regularly and/or efficiently.



- iii. The dependant for this purpose means the wife/husband as the case may be, unmarried daughter, son and legally adopted son. If no such direct dependant is available for employment, brother, widowed daughter/widowed daughter-in-law or son-in-law residing with the employee and almost wholly dependent on the earning of the employee may be considered.
In so far as female dependants are concerned, their employment would be governed by the provisions of clause 9.5.0.
- iv. The dependants to be considered for employment should be physically fit and suitable for employment and aged not more than 35 years provided that the age limit in case of employment of female spouse would be 45 years as given in Clause 9.5.0. In so far as male spouse is concerned, there would be no age limit regarding provision of employment.


9.5.0: Employment / Monetary compensation to female dependant:

Provision of employment/monetary compensation to female dependants of workmen who dies while in service and who are declared medically unfit as per Clause 9.4.0 above would be regulated as under:

- i. In case of death due to mine accident, the female dependant would have the option to either accept the monetary compensation of Rs.26292.97/-* per month w.e.f. 01.07.2016 or employment irrespective of her age.
- ii. In case of death/total permanent disablement due to cause other than mine accident and medical unfitness under Clause 9.4.0., if the female dependant is below the age of 45 years she will have the option either to accept the monetary compensation of Rs.26292.97* per month or employment. In case the female dependant is above 45 years of age she will be entitled only to monetary compensation and not to employment.
- iii. In case of death either in mine accident or for other reasons or medical unfitness under Clause 9.4.0, if no employment has been offered and the male dependant of the concerned worker is 12 years and above in age, he will be kept on a live roster and would be provided employment commensurate with his skill and qualifications when he attains the age of 18 years. During the period the male dependant is on live roster, the female dependant will be paid monetary compensation as per rates at para (i) & (ii) above. This is effective from 01.01.2000.
- iv. Monetary compensation wherever applicable, would be paid till the female dependant attains the age of 60 Years.

UNQUOTE.

* as per the letter of General Manager (MP&IR),CIL vide ref no: CIL/C-5B/JBCCI-X/B 12 dated: 31.07.2018: revised rate of monthly monetary compensation to the female dependant of Non-Executive Cadre Employee in lieu of employment shall be the minimum Basic of Cat-I as per 10th Wage Agreement for CIL and SCCL, which is Rs.26292.97 per month w.e.f 01.07.2016. Other terms and conditions as laid down in earlier circulars on the matter shall remain same.



5. DEPENDANT : Refer para 9.3.3 & 9.3.4 above.

- i) Age of nominated dependent shall be considered as on the date of application by the applicant for employment or employment to his/her nominated dependent and not as on the date of death of the deceased employee {Ref.- letter No. CIL:C-5B:JBCCI/9.4.3/163 dated 25.07.2003 of Director (P&IR), CIL}. Minimum age as on the date of application should not be less than 18 (eighteen) years completed and not more than that provided in para 9.3.3 & 9.3.4 above.
- ii) If no employment has been offered and the male dependant (Son) of the concerned worker is 12 years and above in age but has not attained the age of 18 years, his name will be kept on Live Roster and would be provided employment when he attains the age of 18 years. During the period the male dependant is on Live Roster, the female dependant (Wife) will be paid Monetary Compensation as per the rate specified above. Separate Live Roster register shall be maintained for this purpose at NCL HQrs level.
- iii) For determining the age of nominated dependant, provisions of I.I. 76 i.e. the date of birth recorded in Matriculation certificate shall be considered as final and shall not be altered in any circumstance. If the nominated dependent has not passed matriculation, then School Leaving Certificate from a recognized school of education shall be considered to ascertain the date of birth of dependent. If these documents are not available, the age of nominated dependent shall be ascertained by the Medical Board and the same shall be taken on record as final.

6. PROCEDURE TO BE FOLLOWED BY THE FUNCTIONARIES –

A) FOR COMPASSIONATE EMPLOYMENT UNDER PARA 9.3.0 / MONETARY COMPENSATION UNDER PARA 9.5.0

ROLE OF DEPENDENT -

- a) After death of employee, the dependent must submit information to this effect along with Death Certificate issued by Competent Authority as soon as possible to Personnel department for deletion of name of deceased employee from Rolls of the Company.
- b) After deletion of name of deceased employee from the Rolls of the Company, the dependent should submit application for employment in prescribed form (**Annex.1**) as soon as possible but not later than 02(two) years along with documents which are listed below. If application is delayed beyond 02(two) years, justification for delay shall be required to be given by the applicant which shall be considered by the management on merit.
- c) Spouse shall be considered as the first legal dependent of the deceased employee.
- d) Documents required to be submitted by the applicant along with application for compassionate employment :-
 - 1. Death certificate of the deceased employee issued by the Registrar – Birth & Death, duly self-attested by the spouse/applicant.
 - 2.(a) If spouse of the deceased employee is seeking employment, the following documents shall be required –

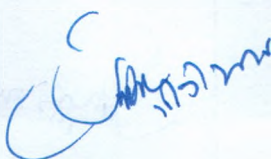




- i. Her/ His Affidavit (Shapath Patr) that she/he is the only living spouse of the deceased employee with photo affixed on the Affidavit, duly attested by the Notary, as per specimen attached as **Annex-2**.
- ii. Indemnity Bond (Bandh Patr) by two permanent employees of the Company, with not less than 05 years of service remaining, that they know the applicant personally and shall be responsible if any wrong declaration is detected / found / reported at any stage after or during the course of providing employment to the spouse. Photo of the Indemnifiers shall be affixed on the Indemnity Bond (Bandh Patr), duly attested by the Notary, as per Specimen attached as **Annex.3**.
- iii. Proof of Age – duly self-attested by the spouse/applicant as per Clause 4(iii) above.
- iv. Educational / Technical qualification certificates duly self attested.
- v. Certificate from Tehsildar concerned regarding family particulars and their relationship with the deceased employee (in original) with photo of the applicant duly attested by Tehsildar.
- vi. Voter ID, PAN Card (if available), Aadhar Card etc. duly self-attested by the spouse/applicant (Xerox copy).
- vii. **In case of variation in name in different records:** If there is variation in the name of applicant and / or the nominated dependent in different records, an Affidavit (Shapath part) by the concerned person (as per **Annex.4**) with photograph pasted on the Affidavit duly attested by the Notary and a certificate from Tehsildar concerned certifying that variation in names are of one and same person, with photo of the applicant affixed on certificate duly attested by Tehsildar.
- viii. **Documents required for Indemnifiers i.e. 02 permanent employees of Company who have executed Indemnity Bond (Bandh Patr) -** Identity proof viz. self-attested Xerox copies of Identity Card issued by the Company and latest Pay Slip.
- ix. Attestation Form (03 sets) duly certified by a Gazetted Officer with photo of spouse / nominated dependent affixed on the Attestation Form duly attested. Attestation Forms are to be provided by the Area / Unit concerned or may be downloaded from NCL official website www.nclcil.in (03 copies in original required). The nominated dependent shall reveal all legal cases decided and pending against him/her, if any, in the Attestation Form.

2.(b) If spouse of the deceased employee is seeking employment for her son or daughter, the following documents shall be required in addition to the documents mentioned at 2(a) above –

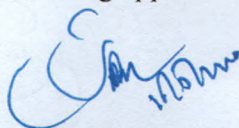
- i. Affidavit of spouse of the deceased employee that she/he is nominating the dependent for compassionate employment with photo of spouse affixed on the Affidavit duly attested by the Notary (**Annex-2**) (in original).



- ii. An Affidavit in the form of "NOC" (No objection Certificate) from all the dependents who are major and capable to swear in Affidavit would be generally required declaring that they have no objection to the compassionate employment of the nominated dependent with photo of Deponent affixed on the Affidavit duly attested by the Notary (**Annex-5**) (in original). However, refusal by any of the dependents of the deceased employee to give consent for employment to the nominated dependent would not disentitle the claim for employment to the nominated dependent provided such nomination is exercised by the Spouse.
- iii. In cases where the spouse of the deceased employee has also expired or is not in a physical/mental state to nominate a dependent for compassionate employment, an Affidavit in the form of "NOC" (No objection Certificate) from all the entitled and eligible dependents who are major and capable to swear in Affidavit will be required declaring that they have no objection to the compassionate employment to the nominated dependent seeking employment is mandatory. Photo of the person swearing in affidavit, duly attested by the Notary shall be affixed on Affidavit (**Annex-5 as above**) (in original).
- iv. Son/daughter nominated for employment shall submit an Affidavit regarding maintenance and look after of spouse and other dependants of deceased employee who are minor and unmarried daughter i.e brother(s) and un-married sister(s) of person securing compassionate employment under 9.3.0. (**Annex.6**) (in original). Photo of the person swearing in affidavit, duly attested by the Notary shall be affixed on Affidavit.

(B) ACTION BY AREA/UNIT OFFICIALs FOR COMPASSIONATE EMPLOYMENT TO DEPENDENT

- i. On receipt of information of death of employee from any of the dependents of a deceased employee duly supported by Death Certificate issued by Competent Authority, Staff Officer (Personnel) of Area/Unit shall take necessary action for deletion of name of the deceased employee from the Rolls of the Company and issue a letter to the dependent for applying for employment or monthly monetary compensation in lieu of employment along with a check-list of documents to be submitted.
- ii. Staff Officer (Pers) shall also hold a counselling session with the spouse / dependents and apprise them about different provisions of employment and monetary compensation in lieu of employment. He/ She shall facilitate them to take a decision at the earliest. The following may be discussed in the Counselling Session –
 - a) Regarding family details available in records of the deceased employee.
 - b) Discrepancies, if any, in official documents regarding the family details etc.
 - c) Documents to be submitted by the claimant alongwith application as per check list
 - d) Provisions of employment / monetary compensation option.
 - e) Nature of work to be performed after employment.
- iii. Regular persuasion through official communication by the associated Personnel Executive with the spouse / dependant of the deceased employee to get the employment claim, as soon as possible, should be ensured. Application forms and Enclosures as per sample Annexure, detailed above, must be provided to spouse / dependent for convenience of submitting application complete in all respect.



- iv. The entire file containing application and enclosures thereto, after thorough scrutiny by Dealing Officer at Area/Unit level, a date shall be fixed as per schedule attached for screening at Area/Unit level and the file shall be forwarded by the Staff Officer(Pers) or the Authorized official of the Area / Unit to Area / Unit level Screening Committee. However, if there are compelling grounds for delay in fixing up a date, the date should be fixed at the earliest.
- v. The Spouse / nominated dependent shall be notified in writing to appear alongwith other dependents, Sureties and documents in original before the Area/Unit Screening Committee by the Dealing Officer at Area/Unit level.
- vi. Area/Unit Screening Committee, after being satisfied regarding genuineness of claim for compassionate employment, shall send the proposal / entire file containing documents as listed above and recommendation to this effect under signature of the Staff Officer(Pers) and the Area General Manager / Unit Head concerned to the General Manager(Pers), NCL HQ for further processing of the case. If there is disagreement on any of the issues with regard to claim by any of the Committee members or all the Committee members, it should be resolved as per Company's rules. In the event of any clarification required, the same may be referred to General Manager (Pers), NCL for the same.
- vii. Completed files in all respect with clear recommendations should only be sent to HQ
- viii. Document to be attached by the Project with the Employment File are as below:
 - a) Application form submitted by the dependent along with the enclosures as mentioned above and those mentioned in the Check-list.
 - b) It should be ensured that the name of spouse and the nominated dependent are borne in any of the following records of the deceased employee –
 - i) Service Register/Service Record Excerpt.
 - ii) LLTC/LTC Option form.
 - iii) Family declaration at the time of initial appointment
 - iv) PS-3 & PS-4 form containing names of family members and nomination.
 - v) CMPF Form – H or any other document to ascertain details of family members.
 - vi) Medical card issued at Area/Unit level etc.Copy of documents should be attested by the concerned Staff Officer (Pers) on the basis of original records maintained in the Office.
 - c) Area/Unit Screening Committee recommendation report (**Annex-7**).
 - d) Checklist duly filled (**Annex-8**).
 - e) The file should be submitted to HQrs. as per the Schedule enclosed.

(C) ACTION AT NCL HQ FOR COMPASSIONATE EMPLOYMENT CLAIM RECEIVED FROM AREA/UNIT

- i. After a file is endorsed by GM(Pers), NCL to the associated official dealing with the matter at HQ, the associated official shall conduct scrutiny of employment claim file at HQ and if any discrepancy is found, immediate action, in writing, shall be taken in

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consultation with the GM (P) for seeking clarification from the Area/Unit concerned and the same should be resolved as per schedule attached, unless there are compelling and reasonable grounds for delay.

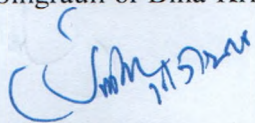
- ii. Date for screening by HQ level Screening Committee shall be fixed atleast once a month, if not more. However, if number of cases is more, more than one date can be fixed in consultation with other Committee Members.
- iii. Notice for interview date shall be communicated in writing to the Area/Unit SO(P) and copy to all Committee members with details/ Summary of cases to be taken up on that date. Sufficient time, not less than 07 days must be given in Notice for screening date.
- iv. The Committee shall be as constituted by the General Manager(Pers), NCL as and when required.
- v. On the date of Screening at HQ, claimant for employment along with other dependants as well as sureties, shall bring all the documents produced by him/her (in original), 06 copies of single passport size photograph, in addition to that as directed in Check-List (**Annex.8**).
- vi. On being satisfied with the genuineness of claim for compassionate employment, HQ Screening Committee will make recommendation for employment to the nominated person/claimant under para 9.3.0. The Committee shall finalize and sign its recommendation on same date.
- vii. The General Manager (Pers), NCL shall process the recommendation and submit to the Competent Authority for approval as per schedule attached.

7. PROVISIONAL APPOINTMENT:

- i. The nominated dependent should have good antecedents at the time of appointment.
- ii. After the approval for appointment by the Competent Authority, a provisional appointment letter shall be issued under the signature of General Manager (Pers), NCL in favour of Spouse or the nominated dependent for compassionate employment in the prescribed format.
- iii. The applicant shall receive the Provisional Appointment Letter along with two sets of Bio-data form and 03 sets of Attestation Form for submitting at the time of reporting for Initial Medical Examination.
- iv. Employment of a nominated candidate for employment shall be as per the provisions of NCWA/ JBCCI and other Rules and Regulations of the Company prevailing and to be issued from time to time.
- v. Candidate shall report for his/ her Initial Medical Examination to the General Manager (Pers), NCL. Candidate shall bring the Bio-data forms duly filled in and the Attestation Forms duly attested by Gazetted Officer.

8. INITIAL MEDICAL EXAMINATION(IME):

After issuance of Provisional Appointment Letter, the candidate is to be sent for IME to NSC-Jayant or Central Hospital, Singrauli or Bina-Krishnashila hospital. A copy of





Appointment letter and Attestation Form shall be sent along with the letter for IME to CMS/CMO/In-charge of concerned Hospital. This Attestation Form shall be returned by the Hospital Authorities to MP deptt. NCL HQ, after making necessary entries in their record.

9. **POSTING ORDER:**

After getting the fitness report of IME, posting order shall be issued by the General Manager (Pers.), NCL. If candidate is not found medically fit for employment, the Provisional Appointment Letter shall be cancelled by an Order.

10. **FINAL JOINING :**

- i. After the nominated dependent has been issued with Posting Order, he/she shall report to the Area General Manager / HOD of Unit concerned as may be directed in the Posting Order. He/ She can be posted in any of the Areas/ Establishments of NCL or in any subsidiary of CIL on the direction of CIL.
- ii. MP Deptt., NCL HQ shall send a copy of Appointment Letter to the Area General Manager / HOD of Unit concerned and the Staff Officer(Pers) concerned along with one copy of bio-data, 02 copies of Attestation Form, IME report in original (keeping one photocopy in NCL HQ record file).
- iii. The case file shall be kept in record duly numbered and making necessary entries in the Register or in Soft copy.
- iv. Area Staff Officer(Pers) or the Authorized Official to deal with Establishment matters shall immediately arrange for verification of Antecedents, Educational and technical qualification certificates/ Caste certificate submitted by the employee/Trainee newly appointed.
- v. If it is found at any stage that any of the information provided by the Trainee at the time of application with regard to his Name, relationship, Age/Date of birth, Qualification, non-pendency of any legal matter before any Court etc., suitable action shall be initiated against the Trainee immediately after receipt of such information/ confirmation.

11. **MONETARY COMPENSATION**

- i. If widow of the deceased employee opts for Monthly monetary Compensation in lieu of employment, she will make an application to this effect in prescribed format (**Annex.1**). A token of receipt shall be given by the Receipt Clerk.
- ii. Application complete in all respect with all particulars of deceased employee as per given format, duly certified by the Authorized Officer, Staff Officer(P) of the Area/ Unit and Area General Manager / Unit Head shall be sent to GM(Pers), NCL.
- iii. Payment of Monthly Monetary Compensation shall commence from the 1st day of next month in which application for payment of monetary compensation complete in all respect has been submitted in the concerned office of Area/Unit.
- iv. Female spouse shall submit a certificate that she has not re-married every year in the month of November for continuance of monetary compensation. In case it is found





that she has made a false declaration or has not made any declaration, the payment shall be stopped until submission of valid proof as mentioned herein above.

- v. In case, proposal is for payment of monetary compensation as well as keeping the name of dependent son in Live Roster, necessary record in Live Roster shall be kept at NCL HQ MP/ Rectt. Deptt. Before processing case for employment of dependent son after attaining the age of 18 years, a confirmation shall be required to be obtained from NCL HQrs.
- vi. Payment of monetary compensation shall stop to be paid in following cases :-
 - i) Female Spouse has attained the age of 60 years or died prior to attaining age of 60 years.
 - ii) Female Spouse has remarried.
 - iii) Son, whose name has been kept in Live Roster has attained 18 years of age.
 - iv) An intimation of stoppage of payment shall be sent to NCL HQ Rectt. Deptt. and a mention of the same with details of payment of monetary compensation (period : from – to & rate) shall be made in Area Screening Committee and HQ Screening Committee recommendation.

12. **COMPETENT AUTHORITY**

Competent Authority for approving the employment proposals falling within the purview of this SOP shall be the Director (Pers), NCL. Proposals beyond this SOP shall be referred to the CMD, NCL for approval.

13. **MODIFICATION**

Director (Pers), NCL is empowered to make minor modifications for operational requirement of the SOP. However, if major modification is required, a proposal shall be placed before CMD, NCL for approval.

Chon 11/5/22

Q

APPLICATION FORM

APPLICATION FOR EMPLOYMENT/MONETARY COMPENSATION AGAINST PERMANENTLY DISABLED/ DECEASED EMPLOYEES WHO GOT PERMANENTLY DISABLED/DIED IN SERVICE ON OR AFTER 1.1.83 IN TERMS OF CHAPTER-IX OF NATIONAL COAL WAGE AGREEMENT VI-CL. 9.3.0/9.4.0(9.3.2/9.3.4)/9.5.0.

Application under clause: 9.3.0 ☐ , 9.4.0 ☐ , 9.5.0 ☐

(Tick the relevant check box)

PART - I

NAME OF THE AREA : _____

A. PARTICULARS OF THE DECEASED

1. Name (In block letters) & PIS : _____
2. Home address:- Village : _____
P.O. : _____
PS : _____
Dist. : _____
State : _____
3. Name of Unit/Place of work : _____
4. Date of appointment : _____
5. Date of death & Cause : _____
6. Place of death : _____
(Death Certificate issued by Birth & Death Registrar to be attached)
7. C.M.P.F. A/C No. : _____
8. Nominee under CMPF/Gratuity : _____
9. Designation : _____
10. Last working day : _____
11. Date of birth of the deceased employee: _____

PART - II**B. PARTICULARS OF THE NOMINATED DEPENDENT APPLYING FOR EMPLOYMENT**

1. Name (in block letters) : _____
2. Date of birth/age : _____
3. Mark of Identification : _____
4. Address (Permanent)
Village: _____ P.O.: _____
P.S.: _____ Distt: _____
State: _____ PIN: _____
Present Address:
Village: _____ P.O.: _____
P.S.: _____ Distt: _____
State: _____ PIN: _____
5. Relation of applicant with the deceased: _____

(Signature)
11/5/20

(Signature)

6. Educational Qualification: _____

7. Previous experience, if any (Including salary being drawn):.....

8. Details of the surviving members of the deceased (This includes Spouse, sons, daughters, mother, father) if the details of the surviving members are known to the local management the same may be filled up and certified by the Colliery official. Otherwise, a certificate from Gram Mukhiya duly attested by B.D.O./ Tehsildar should be attached)

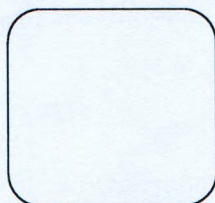
Sl. no	Name	Age	Relationship with the deceased	Whether employed if so, details	Salary wages being drawn.
1.					
2.					
3.					
4.					
5.					
6.					
7.					

(all members to be mentioned)

Certificate by the Spouse of deceased employee:-

I, Smt./Sri hereby declare that the above intimation given in respect of Late (deceased employee) and also in respect of the surviving members including myself is absolutely correct and if any part of the information is found to be incorrect at any time, the Management of NCL will be at liberty to terminate my service summarily.

I also hereby certify that I have not appeared in any of the interviews conducted by the management in connection with employment to dependant of deceased/permanently disabled employees in terms of PARA 9.3.0/9.4.0/9.5.0 of JBCCI-X. If this statement is proved to be wrong, the Management is at liberty to take any action that may be considered fit.



Paste Passport size
Recent Photograph of person
seeking employment

SIGNATURE/LTI OF THE APPLICANT
DATE :

Witness:-

1.
2.

Signature obtained in my Presence
Designation:
Place of work:
Date:

Part - III

FOR THE USE OF STAFF OFFICER (PERS) OF THE AREA / UNIT OR HEAD OF THE DEPARTMENT

I,Design. have gone through the information given by the candidate is the first part of this form.

After having gone through the relevant records/form, confirm the following:

1. That the employee was in employment foryears. The last date on which the deceased / disabled employee worked is.....

2. Records revealed that the employee was absenting from duty w.e.f..... to on account of (mention causes of his/her absence). If the reasons are not known and disciplinary action is taken against such employee for unauthorized absence, a brief recital of the case should be given on this subject in a typed manner as enclosure.

3. He / She was absenting from duty without information to his office w.e.f his/her cause of absence is not known to the Area/Project/unit.

4. It has been verified from records and found that following member of the deceased/disabled are surviving:

Sl.no.	Name	Age	Relation	Whether in Service
1				
2				
3				
4				
5				
6				
7				

(All members to be mentioned as per record)

5. We are satisfied about the certificate issued and about the fact of death/ disablement of employee concerned (self-attested copy verified from original and attached).

6. Certified that the case of dependent of deceased/disabled was never referred earlier.

7. Certified that the information given in Part-I & II above have been verified from records and found correct.

Staff Officer(P)

Office Seal

Date :

Signature of Authorized Officer

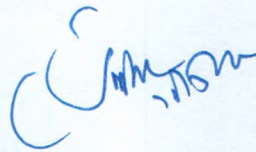
verifying the records with seal

Date :

General Manager, _____ (Area/Unit)

Office seal

Date :





समक्ष श्रीमान नोटरी महोदय जिला एवं सत्र न्यायालय _____ जिला _____ (राज्य)

शपथ पत्र

मैं _____ (नाम) पत्नी/पति स्व. _____ उम्र - _____ वर्ष लगभग, पेशा - _____ निवासी - ग्राम _____, थाना- _____ तह० व जिला _____ (राज्य) शपथ पूर्वक निम्न कथन करती/करता हूँ :-

- 1- यह कि मैं शपथपूर्वक कथन करती/करता हूँ कि उपरोक्त पते पर निवासरत हूँ ।
- 2- यह कि मैं शपथपूर्वक कथन करती/करता हूँ कि मुझ शपथी के पति/की पत्नी स्व० _____ के सुपुत्र / की पत्नी _____ है ।
- 3- यह कि मैं शपथपूर्वक कथन करती/करता हूँ कि मेरे पति/मेरी पत्नी स्व० _____ एन.सी.एल कंपनी में _____ के पद पर _____ (परियोजना/इकाई का नाम) में कार्यरत थे/थी जिनका कर्मी संख्या _____, सी.एम.पी.एफ. नंबर _____ है ।
- 4- यह कि मैं शपथी ही मृतक कर्मचारी स्व. _____ की एक मात्र व्याहता / एकमात्र जीवित व्याहता पत्नी / पति हूँ .
- 5- यह कि मैं शपथपूर्वक कथन करती/करता हूँ कि मुझ शपथी के द्वारा उक्त शपथ पत्र अपने पुत्र/पुत्री _____ को एन.सी.एल. में अनुकम्पा नियुक्ति के लिए जमा करने हेतु दिया जा रहा है जो सही एवं सत्य है और बिना किसी दबाव के स्वस्थ मन और चित्त से दिया गया है ।
- 6- यह कि मैं शपथपूर्वक कथन करती/करता हूँ कि शपथी के क्रमश _____ पुत्र व _____ पुत्रियाँ है :-

सभी पुत्र व पुत्रियों का नाम व उम्र

क्र.	आश्रित का नाम	मृतक कर्मचारी के साथ संबंध	जन्म तिथि/ उम्र	विवाहित/ अविवाहित
1				
2				
3				
4				
5				
6				
7				
8				

शेष अगले पृष्ठ पर—

(Signature)

(Signature)

7. यह कि मैं शपथपूर्वक कथन करती / करता हूँ मैं यह शपथ पत्र बिना किसी दबाव के स्वस्थ मन व चित्त से निष्पादित कर रही / रहा हूँ .

सत्यापन

ह. शपथकर्ता -----

मैं सत्यापित करती / करता हूँ की शपथ पत्र का पैरा क्रमांक 1 से 7 में दी गई जानकारी सत्य एवं सही है ।

ह. शपथकर्ता -----

स्थान - _____

दिनांक - _____

पहचानकर्ता हस्ताक्षर व सील

नोटरी पब्लिक - हस्ताक्षर व सील

नोट : यदि कहीं ओवर-राइटिंग हो तो उसे नोटरी द्वारा सत्यापित करना आवश्यक है



समक्ष श्रीमान नोटरी महोदय जिला एवं सत्र न्यायालय _____ जिला _____ (राज्य)

बंध-पत्र (दो स्थाई कर्मचारियों द्वारा जिनकी सेवा 5 वर्ष या अधिक हो)

1. नाम बंधकर्ता क्र:1- _____ (नाम) पिता _____ (पिता का नाम) उम्र- _____ वर्ष निवासी ग्राम- _____ थाना- _____ तह. व जिला _____ (_____ राज्य का नाम) कर्मि संख्या _____ पद- _____, परियोजना _____ ।
2. नाम बंधकर्ता क्र:2- _____ (नाम) पिता _____ (पिता का नाम) उम्र- _____ वर्ष निवासी ग्राम- _____ थाना- _____ तह. व जिला _____ (_____ राज्य का नाम) कर्मि संख्या _____ पद- _____, परियोजना _____ ।

आज दिनांक _____ को हम बंधकर्तागण निम्नांकित आधारों पर यह बंध पत्र निष्पादित कर रहे हैं :-

1. यह कि हम बंधकर्तागण कथन करते हैं कि उपरोक्त पते के निवासी है तथा उपरोक्त पद पर एन.सी.एल. में कार्यरत है ।
2. यह कि बंधकर्तागण कथन करते हैं कि मृतक स्व० _____ के वारिसगण निम्नानुसार हैं :-

क्रमांक	नाम	पिता/पति का नाम	मृतक से संबंध
1			
2			
3			
4			
5			
6			

नोट : सभी वारिसों का नाम लिखें

3. यह कि हम बंधकर्तागण कथन करते हैं की उपरोक्त वारिस को भी हम भली-भांति जानते व पहचानते हैं।
4. यह कि हम बंधकर्तागण कथन करते हैं की मृतक स्व० _____ की मृत्यु उनके सेवा कार्यकाल के दौरान दिनांक _____ को हुई है ।

(Signature)
14/5/20

(Signature)

:: 2 ::

उनके स्थान में मिलने वाली अनुकम्पा नियुक्ति/नौकरी उनकी पत्नी/पुत्र/पुत्री _____ को दे दिया जाय जिसको हम बंधकर्तागण भली-भांति जानते और पहचानते हैं ।

5. यह कि हम बंधकर्तागण कथन करते हैं कि मृतक स्व० _____ के स्थान पर मिलने वाली अनुकम्पा नियुक्ति उनकी पत्नी/पुत्र/पुत्री _____ को दिये जाने से एन.सी.एल प्रबंधन को किसी प्रकार की क्षति होती है तो एन.सी.एल प्रबंधन को यह अधिकार होगा कि वह क्षति को हमारी चल व अचल सम्पत्ती से वसूलकर ले और इसमें हमें या हमारे वारिसगण को भी किसी प्रकार की कोई आपत्ति नहीं होगी और वसूली को रोकने या रुकवाने का विधिक अधिकार नहीं होगा ।

यह बंध-पत्र आज दिनांक _____ को हम उभय पक्षगण अपने-अपने शुद्धचित्त एवं स्थिर बुद्धि से भले 2 गवाहों के समक्ष अपना-अपना हस्ताक्षर कर निष्पादित करा दिये कि सनद रहे और वक्त पर काम आवे ।

स्थान -
दिनांक -

ह० गवाह :-

ह० बंधकर्ता - 1

1. नाम :
हस्ताक्षर.....

नाम _____

पता : _____

ह० बंधकर्ता - 2

2. नाम :
हस्ताक्षर.....

नाम _____

पता : _____

हस्ताक्षर व सील

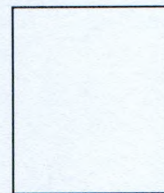
पहचानकर्ता

नोटरी पब्लिक

हस्ताक्षर व सील

समक्ष श्रीमान नोटरी महोदय जिला एवं सत्र न्यायालय _____ जिला _____ (राज्य)

शपथ पत्र (नाम भिन्नता के संबंध में)



मैं _____ (नाम) पत्नी/पुत्र/पुत्री स्व. _____ उम्र - _____
वर्ष लगभग पेशा - _____ निवासी - ग्राम _____, थाना-
_____ तह० व जिला _____ (_____ राज्य) शपथ
पूर्वक निम्न कथन करती/करता हूँ :-

- 1- यह कि मैं शपथपूर्वक कथन करती/करता हूँ कि उपरोक्त पते पर निवासरत हूँ ।
- 2- यह कि मैं शपथपूर्वक कथन करती/करता हूँ कि मुझ शपथी का स्कूल सर्टिफिकेट में मेरा नाम _____ पत्नी/पुत्र/पुत्री _____, आधार कार्ड में _____ पत्नी/पुत्र/पुत्री _____, वोटर कार्ड में _____ पत्नी/पुत्र/पुत्री _____, PAN कार्ड में _____ पत्नी/पुत्र/पुत्री _____, व राशन कार्ड में _____ पत्नी / पुत्र / पुत्री _____ लिखा गया है . उक्त सभी नाम मेरे अर्थात् _____ एक ही महिला/पुरुष का नाम है जो कि मैं हूँ । मुझे _____ के नाम से जाना, पहचाना व लिखा जाय ।
- 3- यह कि मैं शपथपूर्वक कथन करती/करता हूँ उक्त शपथ पत्र मुझ शपथी के द्वारा एन.सी.एल. में नाम भिन्नता के संबंध में निष्पादित कराया जा रहा है जो सही एवं सत्य है ।

सत्यापन

ह. शपथकर्ता -----

मैं सत्यापित करती हूँ/करता हूँ की शपथ पत्र का पैरा क्रमांक 1 से 3 में दी गई जानकारी सत्य एवं सही है ।

ह. शपथकर्ता -----

स्थान : --

तिथि -

हस्ताक्षर व सील

हस्ताक्षर व सील - पहचानकर्ता

नोटरी महोदय

समक्ष श्रीमान नोटरी महोदय जिला एवं सत्र न्यायालय _____ जिला _____ (राज्य)

शपथ पत्र

मैं _____ (नाम) पत्नी/पुत्र/पुत्री स्व. _____ उम्र _____
 वर्ष लगभग, पेशा - _____ निवासी - ग्राम _____, थाना-
 _____ तह० व जिला _____ (_____ राज्य) शपथ
 पूर्वक निम्न कथन करती/करता हूँ :-

- 1- यह कि मैं शपथपूर्वक कथन करती / करता हूँ कि स्व. _____ पिता
 _____ जो NCL सिंगरौली _____ परियोजना के अन्तर्गत
 _____ के पद कार्यरत थे जो मेरे पिता/पति थे जिनकी मृत्यु दिनांक
 _____ को हो गई है ।
- 2- यह कि मैं शपथपूर्वक कथन करती / करता हूँ कि मैं शपथी अपने मृतक पिता / पति / पत्नी
 का जायज वारिस हूँ । मुझ शपथकर्ता के अतिरिक्त उनके 1) _____,
 _____,
 _____ (सभी वारिसों का नाम व मृतक कर्मचारी से संबंध) आश्रित पारिवारिक सदस्य हैं ।
- 3- यह कि मैं शपथपूर्वक कथन करती / करता हूँ कि मैं शपथी मेरे पिता/पति/पत्नी स्व. _____
 _____ के स्थान पर माता/पिता द्वारा नामित मेरे पुत्र / भाई / बहन _____
 _____ की नियुक्ति कर दिये जाने के प्रस्ताव पर मेरी सहमति है , इस प्रस्ताव
 पर मुझे कोई आपत्ति नहीं है और यह शपथपत्र बिना किसी दबाव के स्वस्थ मन व चित्त से
 निष्पादित किया जा रहा है जिसमे मैं शपथी एवं मेरी माता/पिता की सहमति है, जिस वास्ते
 यह शपथ पत्र प्रस्तुत कर रही / रहा हूँ ।

सत्यापन

ह. शपथकर्ता-----

मैं सत्यापित करती/करता हूँ कि शपथ पत्र का पैरा क्रमांक 1 से 3 में दी गई जानकारी सत्य एवं
 सही है ।

ह. शपथकर्ता-----

स्थान -

दिनांक -

पहचानकर्ता हस्ताक्षर व सील

नोटरी पब्लिक - हस्ताक्षर व सील




Affidavit by Nominated dependent

शपथ पत्र

समक्ष : नोटरी महोदय, _____ कोर्ट, _____

मै पत्नी/पुत्र स्व०
 श्री- (भूतपूर्व
 परियोजना, (मूल निवासी-पो०- थाना-
 तह०-
 जिला- राज्य- (.....) का निवासी हूँ।

यह प्रमाणित/सत्यापित करता हूँ कि-

1. यह कि मै शपथ पूर्वक कथन करता/करती हूँ कि एन सी डब्लू ए के प्रावधान 9.3.0/9.4.0 के तहत मै अपने पिता / पति / पत्नी स्व० श्री/श्रीमति जो परियोजना/क्षेत्र में पद पर कार्यरत थे, के स्थान पर परिवार के सदस्यों के सहमति के उपरांत अनुकम्पा नौकरी प्राप्त करने हेतु मैने आवेदन किया है।
2. यह कि मै शपथ पूर्वक कथन करता/करती हूँ कि मै अपने माता/पिता, नाबालिग भाई एवं बहन की देख-रेख एवं भरण पोषण करूंगा / करूंगी।
3. यह कि मै शपथ पूर्वक कथन करता / करती हूँ कि यदि भविष्य में मेरे द्वारा भरण पोषण में किसी भी तरह की चूक होती है तो उनके जीवन निर्वाह हेतु मेरे वेतन से सक्षम आदेशानुसार/ कंपनी के नियमानुसार राशि काट कर माता/पिता को दे दिया जाए, जिसके लिए मुझे कोई आपत्ति नहीं होगी।

मै यह उपरोक्त सभी जानकारी अपने होशो-हवास एवं अपनी मर्जी से बिना किसी दबाव के प्रस्तुत कर रहा / रही हूँ।

नोटरी पब्लिक द्वारा सत्यापित फोटोग्राफ

पहचान कर्ता के हस्ताक्षर व पद/मोहर


शपथकर्ता के हस्ताक्षर

स्थान :-

दिनांक-

नोटरी पब्लिक का हस्ताक्षर एवं मुहर




 नार्दर्न कोलफील्ड्स लिमिटेड Northern Coalfields Limited	
Dealing Officer	Dealing Clerk

Northern Coalfields Limited
(A subsidiary of Coal India limited)

Sub: Notesheet for compassionate employment under clause 9.3.0/9.4.0/9.5.0 of NCWA / JBCCI X

A death case employment proposal in respect ofProject under Area P.O....., Distt,.....has been received under Clause 9.3.0/9.4.0/9.5.0 of NCWA/JBCCI -X details of which are as under:

Employee Details			Page No.	
1	Name of Ex-employee			
2	Father's/Husband's Name			
3	Designation and Place of work			
4	NEIS No-			
5	C.M.P.F A/c No.			
6	Whether Permanent			
7	Date of Birth (DD/MM/YYYY)			
8	Date of appointment			
9	Date of scheduled superannuation			
10	Date of Death/Medical Unfit			
11	Occurrences of Death/Place of Death			
12	Last Date of Working			
13	Reason of gap between last date of working & Death/Unfit.			
14	Date of Application			
15	Age of ex-employee on the date of 1 application			
16	Whether dependents name appeared in Service Excerpts, LLTC/LTC/other specify			
Dependent details for Employment				
17	Name of dependent to be employed			
18	Date of Birth of dependent/ as per II 76 on date of 1 st Application			
19	Relationship with Ex-Employee			
20	Age on the date of 1 st Application			
21	Qualification, If any			
22	Reasons for delay in processing the employment			
23	Indemnity bond @ Rs 500/-			
24	Declaration by two permanent employees for relationship			
All dependent detail - As per service sheet & other If any				
Sl.no	Name of Dependent	Relation with Employee	Consensus obtained Yes/No	Page
1				
2				
3				

(Signature)

(Signature)

4			
5			
6			

Sign of Staff Officer (Personnel)

Area/Unit

Recommendation of Area/Unit :

Employment proposal which has been examined by the project screening committee is in order based on the documents, interview of dependents and witnesses. Committee also concludes that relationship is genuine and recommends that employment/monetary compensation under clause 9.3.0/9.4.0/9.5.0 of NCWA -X may be given to the dependent of late _____ whose name exists in service sheet/ _____ (details of record, if not in service sheet) as dependent of deceased employee.

(Reasons for delay to be mentioned with justification in Area recommendation, if delayed over 01 year)

(PERSONNEL)/MEMBER
SCREENING COMMITTEE

(FINANCE)/MEMBER
SCREENING COMMITTEE

(MINING)/MEMBER
SCREENING COMMITTEE

(Medical)/Member
SCREENING COMMITTEE

Recommendation of the Staff Officer (Personnel)

I agree with the recommendation of the screening committee and recommend for employment/monetary compensation to Shri/Smt./Ms. _____, son/wife/daughter of Late _____, Ex- _____ of _____ Area/Project/Unit.

Signature _____

Name: _____

Designation _____

Area/Unit Name: _____.

I agree with the recommendation of the Area Screening committee and Staff officer (Personnel) and recommend for employment/monetary compensation to Shri/Smt./ Ms. _____ and forward this Proposal to the General Manager (Pers) NCL HQ for his kind perusal and further needful for providing employment/monetary compensation to the claimant.

Sign _____

General Manager _____ Area/Unit.

Name _____

Seal: _____

GM(P/Rectt), NCL HQ

(Signature)
17/5/2022

(Signature)

आश्रित रोजगार के तहत नौकरी हेतु चेक लिस्ट

क्र०	विवरण	पृष्ठ क्रमांक
1.	मृतक कर्मचारी का मृत्यु प्रमाण पत्र प्रमाणित किया हुआ	
2.	मृतक कर्मचारी की पत्नी द्वारा आवेदन पत्र जिसमें स्पष्ट हो कि नौकरी किसे देना चाहती है	
3.	मृतक कर्मचारी के परिवार के अन्य आश्रितों द्वारा अनापत्ति का शपथ पत्र, जो रु. 50/- के ई-स्टाम्प पर बना हो	
4.	मृतक कर्मचारी के आश्रित/ परिवार के सदस्यों की सूची. बी० डी० ओ०/ तहसीलदार द्वारा प्रमाणित आवेदन अपने नामिनी पुत्र को नौकरी देने हेतु (नाम एवं सम्बंध सहित), (आवेदक का फोटो अभिप्रमाणित होना आवश्यक)	
5.	भूतपूर्व कामगार के आश्रित पुत्र जिन्हें नौकरी देना है, के सम्बंध में बी०डी० ओ०/ तहसीलदार द्वारा प्रमाण पत्र (आवेदक का अभिप्रमाणित फोटो सहित)	
6.	कम्पनी द्वारा निर्धारित आवेदन पत्र दो प्रतियों में भरकर जमा करना है एवं दो कर्मचारी द्वारा गवाही में हस्ताक्षर करना है (क्षेत्रीय अधिकारी के समक्ष गवाही)	
7.	अभिप्रमाणन फार्म (attestation form) तीन प्रतियों में भरकर जमा करना है	
8.	मृतक कर्मचारी के जीवित रहते यदि उसकी पत्नी की मृत्यु हो गई है तो उसका मृत्यु प्रमाण पत्र	
9.	कम्पनी के दो कर्मचारियों द्वारा, जिनकी कम से कम 05 वर्ष या इससे अधिक की सेवा अवधि शेष बची हो, के द्वारा बन्ध पत्र, जिसमें यह उल्लेख हो कि वे मृतक कर्मचारी के पत्नी या पुत्र जिसे नौकरी देना है उन्हें अच्छी तरह से जानते एवं पहचानते हैं तथा उनके बीच के सम्बन्धों का भी उल्लेख हो. बंध प्रमाण पत्र रु० 500/- के ई-स्टाम्प पर बना होना चाहिए.	
10.	मृतक कर्मचारी के सेवा पुस्तिका में दर्ज परिवारिक विवरण एवं आवेदक द्वारा प्रस्तुत विवरण में नाम उपनाम आदि की भिन्नता होने पर :- 1) आवेदक द्वारा शपथ पत्र, जो रु.50/- के ई-स्टाम्प पर बना हो. 2) तहसीलदार द्वारा जारी किया गया प्रमाण-पत्र कि उपरोक्त अभिलेखों में भिन्नता प्रमाण पत्र कि एक ही व्यक्ति के बारे में है और वह मात्र एक ही व्यक्ति का है (आवेदक का अभिप्रमाणित फोटो सहित).	
11.	अभिप्रमाणित फोटो ग्राफ ---- संयुक्त फोटोग्राफ-04 ---- नामित व्यक्ति का एकल फोटो-08	
12.	नाम विलोपन आदेश की अभिप्रमाणित छायाप्रति.	
13.	सेवा पुस्तिका की अभिप्रमाणित छाया प्रति	
14.	बंधकर्ताओं के वेतन पर्ची की छायाप्रति - स्व: अभिप्रमाणित	
15.	उपचार पुस्तिका की अभिप्रमाणित छायाप्रति	
16.	शैक्षणिक योग्यता प्रमाण/पहचान पत्र/जन्मतिथि प्रमाण पत्र की छायाप्रति.	
17.	गवाहों का पहचान पत्र की छाया प्रति - स्व: अभिप्रमाणित.	
18.	अन्य दस्तावेज/प्रमाण पत्र की अभिप्रमाणित छाया प्रति.	
19.	अनुकम्पा नौकरी दिए जाने हेतु आवेदन पत्र पर चस्पा किये जाने वाला संयुक्त फोटो एवं एकल फोटोग्राफ पेट पर दफती/प्लेट लगाकर निम्न लिखवा कर ही फोटो खिचवाना है-	
	क. नौकरी हेतु नामित व्यक्ति का नाम. ख. मृतक हेतु नामित व्यक्ति का नाम. ग. पदनाम. घ. कर्मचारी संख्या. ड०.परियोजना/इकाई का नाम. च. फोटो खिचवाने की तिथि.	

SCHEDULE

**PROCEDURE TO BE FOLLOWED BY THE FUNCTIONARIES FOR DEALING WITH
COMPASSIONATE EMPLOYMENT PROPOSALS UNDER PARA 9.3.0 AND PAYMENT OF
MONETARY COMPENSATION UNDER PARA 9.5.0 OF JBCCI-X**

Sl.	ACTIVITY	Time Limit	Functionary
I. AT AREA LEVEL			
1	Reporting of death of an employee with copy of death certificate issued by Competent Authority	Within 01 month from date of death of employee	Dependent Family member / Spouse
2	Struck-off of name of deceased employee from Rolls of Company	Within 03 days of receipt of information of death	Staff Officer(P) of Area/ Unit
3	Providing prescribed application format for employment / monetary compensation and other formats for Affidavit & Surety Bond (Bandh Patr) etc. as per Check-List through a letter addressed to spouse/dependent as per Company's record.	Within 07 days.	Associated /Authorized Officer at Area/ Unit
4	Submission of claim for employment / monetary compensation in prescribed format alongwith documents as per check-list.	Maximum within 02 (two) years from the date of death of employee.	Dependent Family member / Spouse.
5	Scrutiny of documents as per Check-list to nullify the probability of return of proposal for shortcomings and fix-up date for screening interview at Area/Unit level.	Within 15 days of submission of claim by the Spouse / dependent.	Staff Officer(Pers) of Area / Unit
6	Screening of documents and recommendation of Area Screening Committee. If the proposal is delayed beyond 02(two) years, justification is to be given in the recommendation of Area Screening Committee. Cases delayed beyond 02(two) years shall not be entertained unless there are valid and justified grounds for such delay with approval of Competent Authority in writing.	Recommendation to be signed on the same date of meeting of Area Screening Committee members.	Area Screening Committee members.
7	Examination of recommendation of Area Screening Committee and recommendation for onward transmission of proposal to obtain competent approval.	Within 07 days from receipt of recommendation of Area Committee.	Staff Officer(Pers) of Area / Unit
8	Recommendation of Area General Manager / Unit Head	Within 03 days from recommendation of Area / Unit SO(P)	Area General Manager / Unit Head
9	Forwarding of proposal alongwith all documents as per check-list to HQrs for obtaining approval as per Check-list to minimize probability of return of proposal.	Within 01 day from recommendation of General Manager / Unit Head	Staff Officer(Pers) of Area / Unit
II. AT NCL HQ LEVEL			
10	Screening of file at HQrs. and fixing date for HQ Screening Committee meeting.	21 days from receipt of file from Area/Unit, including time for additional documents / clarification from Area/ Unit, if any.	Associated / Authorized Officer at HQ Staff Officer(Pers) of Area / Unit
11	Screening of documents by HQ level Screening Committee and finalizing recommendation for obtaining competent approval.	Recommendation to be signed on the same date of meeting of HQ Screening Committee members.	Associated / Authorized Officer at HQ in consultation with GM(P), NCL.
			Contd....P/2

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Sl.	ACTIVITY	Time Limit	Functionary
12	Sending proposal to GM(P) for obtaining competent approval.	Within 07 days from the date of meeting of Screening Committee at HQ level.	Associated / Authorized Officer at HQ.
13	Perusal of proposal and forwarding the same to Dir(P) for competent approval, if found in order.	07 days from receipt of proposal with recommendation of HQ Screening Committee.	GM(P), NCL
III. AT COMPETENT AUTHORITY LEVEL			
14	Approval on the proposal by Competent Authority, if proposal agreed to.		Director (Pers), NCL/ CMD, NCL as the case may be
NOTE : If the proposal is returned back at any level from HQ to lower level with observation, the observations should be complied with and the proposal should be resubmitted to the Authority concerned within 15 days.			

(Signature)

(Signature)