

सेवा में To

सक्षम पदाधिकारी The Competent Authority

महोदय Sir,

कर्मचारी परिवार हितकारी योजना की सदस्यता के प्रावधानों को समझने के पश्चात् मैं इसकी सदस्यता हेतु आवेदन करता/करती हूँ। वांछित विवरण निम्नलिखित हैं।

I hereby apply for admission as a Member of the Employee's Family Benefit Scheme (EFBS) having understood the provisions thereof. Requisite details are as under.

आवेदक की पासपोर्ट आकार की छवि जो किसी राजपत्रित अधिकारी या सेल के कम से कम ई -5 स्तर के अधिकारी द्वारा अभिप्रमाणित हो।

Applicant's Passport Size Photograph Duly Attested By A Gazetted Officer Or An Officer Of The Company Not Below E-5 Grade.

**[1] भूतपूर्व कर्मचारी के विवरण Details of Ex-employee**नाम Name (Capitals) कर्मचारी संख्या Staff No.  पदनाम/विभाग Designation/Deptt. 

विरमित होने की तिथि Date of Separation
- - - - -

विरमित होने का कारण Cause of Separation

**[2] आवेदक से संबंधित विवरण Details Related To Applicant**नाम Name (Capitals) भूतपूर्व कर्मचारी से संबंध Relationship with ex-employee 

वांछित मासिक भुगतान (✓) Desired Monthly Payment

पूर्ण FULL

अनुपात में PROPORTIONATE

**मासिक भुगतान हेतु बैंक खाता विवरण Bank Account Details For Monthly Payment**

खाता संख्या Account No.	बैंक का नाम Name of Bank	शाखा का नाम Name of Branch	स्थान Place

पत्राचार का पता Address For Correspondence \_\_\_\_\_

पिन कोड PIN Code **[3] अनुलग्नक (छायाप्रतियाँ अभिप्रमाणित हों।) Enclosure (Photocopies to be attested.)**

- सक्षम पदाधिकारी द्वारा निर्गत विरमित आदेश एवं मृत्यु / पूर्ण स्थायी अशक्तता प्रमाण-पत्र की प्रतियाँ।  
Copies Separation Order and Death/Total Permanent Disablement Certificate issued by empowered Authority.
- उपर्युक्त भूतपूर्व कर्मचारी के अंतिम वेतन पर्ची की प्रति। Copy of last pay-slip of aforesaid ex-employee.
- कंपनी द्वारा आवंटित आवास को रिक्त करने संबंधी प्रतिवेदन। Vacation Report of Company's allotted Quarter.
- सेल, बोकारो स्टील प्लांट में भविष्य निधि एवं उपदान की राशि जमा करने हेतु प्राधिकरण-पत्र एवं अग्रिम स्टांपित रसीद।  
Authorisation and Advanced Stamped Receipt for deposit of PF and Gratuity in SAIL, Bokaro Steel Plant.
- कर्मचारी परिवार हितकारी योजना के अंतर्गत मनोनयन। Nomination under Employee's Family Benefit Scheme.

भवदीय Yours faithfully,

दिनांक Dated :

आवेदक का हस्ताक्षर/अंगूठे का निशान Signature/Thumb Impression (LTI/RTI) of Applicant \*

\*पुरुष के लिए बाँए/महिला के लिए दाँए हाथ के अंगूठे का निशान। Left Thumb Impression (LTI) for MALE; Right Thumb Impression (RTI) for FEMALE.

ई -1, पुराना प्रशासनिक भवन, स्टील अथॉरिटी ऑफ इंडिया लिमिटेड, बोकारो स्टील प्लांट, बोकारो स्टील सिटी - 827 001  
E-1, Old Administrative Building, Steel Authority of India Limited, Bokaro Steel Plant, Bokaro Steel City - 827 001  
बीएसएनएल BSNL 06542-240273 मैक्स MAX 80630/80484/80486/80555 फैक्स FAX 06542-240227

पत्राचार में भूतपूर्व कर्मचारी का पूरा विवरण दें। Please quote ex-employee's details in all correspondences.

स्टील अथॉरिटी ऑफ इंडिया लिमिटेड

बोकारो स्टील प्लांट

कार्मिक विभाग : अंतिम निपटारा प्रकोष्ठ

Steel Authority of India Limited

Bokaro Steel Plant

Personnel Department : Final Settlement Cell

कर्मचारी परिवार हितकारी योजना **Employee's Family Benefit Scheme**

सेल, बोकारो स्टील प्लांट में भविष्य निधि, उपदान तथा जीवन व्याप्ति योजना की राशियाँ जमा करने हेतु प्राधिकरण-पत्र सह अग्रिम स्टांपित रसीद।  
Authorisation-cum-Advanced Stamped Receipt for deposit of PF, Gratuity and Life Cover Scheme amounts in SAIL, Bokaro Steel Plant.

(तीन प्रतियों में भरें To be filled in TRIPLICATE)

निम्नलिखित भूतपूर्व कर्मचारी के संबंध में In respect of the following ex-employee

नाम Name (Capitals)

कर्मचारी संख्या Staff No.  पदनाम/विभाग Designation/Deptt.

जो मेरे who was my (भूतपूर्व कर्मचारी से आवेदक का संबंध Relationship of Applicant with ex-employee)  थे/थीं

मैंने I,

(आवेदक का नाम बड़े अक्षरों में Applicant's Name in Capitals)

निम्नलिखित मदों में भुगतान राशि प्राप्त की acknowledge receipt of amount payable towards

- भविष्य निधि Provident Fund
- उपदान Gratuity
- जीवन व्याप्ति योजना Life Cover Scheme

तथा बोकारो स्टील प्लांट कर्मचारी भविष्य निधि के न्यासियों / सक्षम पदाधिकारी, सेल, बोकारो स्टील प्लांट को प्राधिकृत करता/ करती हूँ कि उक्त राशि को कर्मचारी परिवार हितकारी योजना में स्थानांतरित करने की कृपा करें ताकि कर्मचारी परिवार हितकारी योजना के नियमों एवं प्रावधानों के अनुसार मुझे उक्त योजना की सदस्यता प्रदान की जा सके।

and authorise the Board of Trustee, Bokaro Steel Employee's Provident Fund / Competent Authority, SAIL, Bokaro Steel Plant to transfer to the Employee's Family Benefit Scheme the said amount for granting me Membership of the Scheme in accordance with the terms and conditions of Employee's Family Benefit Scheme.

स्थान Place

तिथि Date

रेवेन्यू टिकट  
Revenue  
Ticket

प्राप्तकर्ता का हस्ताक्षर/अंगूठे का निशान Signature/Thumb Impression (LTI/RTI) of Payee \*

प्राप्तकर्ता का नाम Name of Recipient

प्राप्तकर्ता के उपर्युक्त हस्ताक्षर/अंगूठे के निशान को अभिप्रमाणित किया जाता है।

Above Signature/Thumb Impression (LTI/RTI) of Payee is hereby attested.

मोहर

Seal

विभागाध्यक्ष/नियंत्रण पदाधिकारी का हस्ताक्षर तिथि एवं मोहर Signature & Date with Seal of HoD/Controlling Officer

\*पुरुष के लिए बाँए/महिला के लिए दाँए हाथ के अंगूठे का निशान। Left Thumb Impression (LTI) for MALE; Right Thumb Impression (RTI) for FEMALE.

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फैक्स MAX 80630/80484/80486/80555

फैक्स FAX 06542-240227

पत्राचार में भूतपूर्व कर्मचारी का पूरा विवरण दें। Please quote ex-employee's details in all correspondences.

कर्मचारी परिवार हितकारी योजना **Employee's Family Benefit Scheme**

कर्मचारी परिवार हितकारी योजना के अंतर्गत मनोनयन Nomination under Employee's Family Benefit Scheme

भूतपूर्व कर्मचारी का विवरण Details of ex-employee

कर्मचारी संख्या Staff No.

नाम Name (Capitals)

मैं,

ने कर्मचारी परिवार हितकारी योजना की सदस्यता प्रदान करने हेतु आवेदन के फलस्वरूप उक्त योजना की सदस्यता प्राप्त के पश्चात् अपनी मृत्यु हो जाने की स्थिति में प्राप्त होने वाले लाभ हेतु निम्नलिखित व्यक्ति को मनोनीत करता/करती हूँ। यह मनोनयन पूर्व में मेरे द्वारा इस आशय के सभी मनोनयन, यदि कोई हों, को निरस्त करता है। having applied for grant of Membership of Employee's Family Benefit Scheme, in the event of being consequently admitted as a Member of the said Scheme, NOMINATE the person mentioned below to receive the benefit under the Scheme in the event of my DEATH. This nomination supercedes any previous nomination made by me, if any, in this regard.

मनोनीत व्यक्ति की छवि जो आवेदक द्वारा अभिप्रमाणित हो।

Nominee's Photograph Duly Attested By The Applicant.

मनोनीत व्यक्ति का विवरण Details of Nominee (भविष्य निधि नियमानुसार As Per Provident Fund Rules)

नाम Name (Capitals)

भूतपूर्व कर्मचारी से संबंध Relationship with ex-employee

मनोनीत व्यक्ति का हस्ताक्षर/अंगूठे का निशान Signature/Thumb Impression (LTI/RTI) of Nominee

पत्राचार पता Correspondence Address

मनोनीत व्यक्ति का हस्ताक्षर/अंगूठे का निशान अभिप्रमाणित Signature/Thumb Impression (LTI/RTI) of Nominee

आवेदक का हस्ताक्षर/अंगूठे का निशान Applicant's Signature/Thumb Impression (LTI/RTI)

मनोनीत व्यक्ति की मृत्यु के पश्चात् मनोनयन के अधिकारी का विवरण

Details of person on whom the right of nominee shall be conferred if the nominee predeceases

नाम Name (Capitals)

भूतपूर्व कर्मचारी से संबंध Relationship with ex-employee

पत्राचार पता Correspondence Address

प्रमाणित किया जाता है कि उपर्युक्त प्रविष्टियाँ मैंने भरी हैं / मुझे पढ़ कर सुनाई गई हैं।

Certified that the above entries were made by me / read out to me.

आवेदक का हस्ताक्षर/अंगूठे का निशान Signature/Thumb Impression (LTI/RTI) of Applicant

प्रमाणित किया जाता है कि उपर्युक्त प्रविष्टियाँ मैंने आवेदक को पढ़ कर सुनाई तथा आवेदक ने मेरे समक्ष हस्ताक्षर किया/अंगूठे का निशान लगाया जिसे अभिप्रमाणित किया जाता है। Certified that the above entries were read out by me to the applicant who has signed/affixed LTI/RTI in my presence which is hereby attested.

अभिप्रमाणित करने वाले अधिकारी का तिथि के साथ हस्ताक्षर एवं मोहर

Signature with Date and Seal of the Attesting Official

गवाह Witness

गवाह - 1 Witness - 1

गवाह - 2 Witness - 2

नाम Name (Capitals) कर्मचारी संख्या Staff No.

पदनाम Designation विभाग Deptt.

हस्ताक्षर एवं तिथि Signature & Date

\*पुरुष के लिए बाँए/महिला के लिए दाँए हाथ के अंगूठे का निशान | Left Thumb Impression (LTI) for MALE; Right Thumb Impression (RTI) for FEMALE.

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पत्राचार में भूतपूर्व कर्मचारी का पूरा विवरण दें। Please quote ex-employee's details in all correspondences.



**Annexure – I (In duplicate)**

STEEL AUTHORITY OF INDIA LIMITED  
BOKARO STEEL PLANT

**APPLICATION FOR RETENTION OF QUARTER BY EFBS BENEFICIARY**

1. Name (Ex-employee) :
2. Staff No. & Designation :
3. Department :
4. Date & Reason of Separation :
5. Name of EFBS beneficiary :  
(in case of death)
6. Relationship with Ex-employee :
7. Address of allotted quarter in occupation :

I agree to become member of EFBS and also wish to retain the quarter allotted to me / my husband / wife / father / mother / son / daughter. Till date the above addressed quarter is in my possession. I fulfill the eligibility conditions for the same.

I agree to abide by the terms & conditions of the scheme as annexed and also to be bound by the rules and regulations in force for "Retention of Quarter under EFBS" and any changes that may prescribed by the authorities subsequently.

Signature :  
Name of the applicant :

- (i) The above details from Srl. No. 1 to 6 are certified.
- (ii) Deemed NDC may please be issued and sent to the FSC.

Signature of the Shop Personnel Executive  
Name & Seal

**A.G.M. (Town Administration)**

**BOKARO STEEL PLANT**  
**PERSONNEL DEPARTMENT**

**TERMS & CONDITIONS FOR RETENTION OF QUARTER IN EFBS CASES :**

1. The retention of Company quarter shall be allowed to the EFBS beneficiary under following conditions.
  - (i) The EFBS beneficiary must be the ex-employee (in Permanent Medical Unfit cases) or spouse / son / unmarried daughters/ father / mother (in death cases).
  - (ii) The ex-employee should have been duly allotted and in occupation of the Company quarter at the time of separation.
  - (iii) The ex-employee / nominee shall opt for this facility before final settlement.
  - (iv) The retention facility shall only be for the existing quarter in occupation. The facility cannot be availed after vacation of Company's quarter allotted to the ex-employee.
  - (v) No change of quarter shall be permissible after separation.
  - (vi) If the ex-employee was not in possession of any duly allotted Company quarter at the time of separation, the present facility cannot be availed by the ex-employee / beneficiary.
  - (vii) In death cases, if the beneficiary is already in possession of any BSL quarter in his / her own name, he / she is not entitled to opt for this facility.
2. The actual amount of deposit for EFBS must not be less than 50% of the Notional amount of PF and Gratuity.
3. The period of quarter retention will be for a maximum period of 3 years from joining EFBS scheme or maturity of EFBS, whichever comes earlier.
4. Pre mature withdrawal of EFBS deposit shall not be permissible unless Company quarter is first vacated and No Demand Certificate (NDC) thereof is sent by TA Deptt. to Final Settlement Cell (FSC).
5. If the EFBS maturity is before maximum period of three years of quarter retention, NDC from TA Department must be submitted separately to FSC in individual cases before processing for refund of EFBS deposit is initiated.
6. The rent for the quarter, electricity charges, water charges etc., as applicable from time to time, shall be levied at Private Party rates, from the date of commencement of EFBS benefit. This amount shall be payable in advance on financial year basis by the EFBS beneficiary. Actual adjustment shall, however, be carried out at the end of each Financial year.
7. The EFBS monthly benefit will commence in each financial year with the issue of NOC by TA Deptt after the EFBS beneficiary deposits the rent, electricity charges, water charges etc. in advance at the beginning of the financial year.
8. Rent and other charges for retention of quarter from the date of separation till the date of commencement of EFBS benefit will be levied in accordance with the provisions laid down in Office Order no.1732/A.O. dated 20/07/2006 or revision to be made thereon from time to time.
9. If prior permission is not taken for retention of quarter, beyond four months, rent shall also be payable at penal rent rates, in addition to electricity charges, water charges, from the date of completion of four months after separation.

10. The deemed NDC will be issued by TA Deptt for release of final payment. Thereafter Gratuity shall also be transferred to EFBS. After the completion of all formalities, EFBS order will be issued by FSC.
11. After issue of EFBS order, TA Deptt will issue retention order against the said Unit along with deposit certificate which will indicate all payments due to Estate on account of quarter rent and other charges, covering the period of service of the ex-employee, period between the date of separation and the date of commencement of EFBS benefit and advance rent with other charges for retention of quarter till the financial year end.
12. The NOC for release of monthly payment shall be issued by TA Deptt after production of cash receipt after deposit of the due amount.
13. The quarter so retained can only be used for own residential purpose by the allottee. No addition, alteration or modification in the existing property is permissible. In case of violation it will be dealt as per existing rules and procedures.
14. After the expiry of the retention period or maturity of EFBS whichever is earlier, if the quarter is not vacated immediately, from the said date onwards, penal rent will be recovered at applicable rates and EFBS monthly payment shall be withheld.
15. After vacation of the quarter, NDC will be sent by TA Deptt to FSC before release of withheld monthly payment or refund of EFBS amount. The penal rent amount so calculated will be recovered fully from monthly payment or refund of EFBS amount.
16. Ex-employee / nominee opting for EFBS with quarter retention facility shall produce surety from a serving BSL employee with at least five years service left (Service period to be certified by SPE) who will give guarantee for adherence to these terms and conditions by the EFBS beneficiary, and recovery of penal rent at applicable rates from his salary, in case of violation by the EFBS beneficiary.
17. In case of separation of the employee who acts as surety, from the service of BSL, on any account, during the period of surety, the beneficiary shall have to arrange for transfer of surety to another serving employee with at least service left for the balance period of 1<sup>st</sup> surety, who shall bear the entire liability of the original surety within three months, failing which the EFBS monthly payment will be withheld, and the quarter shall be deemed to be on unauthorized occupation, attracting penal rent and other charges.
18. Only serving employees who have no instances of unauthorized absenteeism in the past three years shall be eligible to stand for surety and there must be no case of any disciplinary action, past or present, against him for misutilization / misappropriation of Company's property, including any sort of advance. This is to be certified by Shop Personnel Executive (SPE).
19. Final settlement TA bill will be processed after obtaining NDC from TA Deptt. regarding vacation of Company's quarter.
20. In case of death of EFBS beneficiary during quarter retention period, the EFBS payments will be released as per EFBS rules only after vacation of quarter.

#####

Annexure – II (a)

To  
The Managing Director,  
Bokaro Steel Plant,  
Bokaro.

I \_\_\_\_\_ (ex-employee)/ nominee of Late \_\_\_\_\_  
interested to retain Company's quarter under quarter retention facility by EFBS beneficiary. I  
am providing one serving BSL employees who has agreed to stand surety in accordance  
with the scheme.

My particulars are given below :-

Particulars of the beneficiary :

Name of the Ex-employee :

Staff No. :

Department :

Address of allotted quarter in occupation :

Signature of the beneficiary  
Name :



**SURETY**

I, Shri / Smt./ Ku \_\_\_\_\_ hereby state that I have agreed to stand surety for retention of quarter occupied by Shri / Smt./ Ku \_\_\_\_\_ under quarter retention facility by EFBS beneficiary.

I have no instance of unauthorized absenteeism in the past three years and there is no case of any disciplinary action, past or present, against me for misutilization / misappropriation of Company's property, including any sort of advance.

In case of non deposit of PF & Gratuity amount under EFBS by Shri / Smt./ Ku \_\_\_\_\_ within 15 (fifteen) days of receipt of final payment if released to the beneficiary, the quarter will be treated as unauthorized acquired and I will be liable to pay the penal rent plus electricity & water charges as applicable and same can be recovered by BSL from my salary. I also stand surety for adherence to other terms & conditions under the scheme by the beneficiary.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Staff No. \_\_\_\_\_

Desgn & Deptt \_\_\_\_\_

Date of Superannuation \_\_\_\_\_

Above particulars of the surety certified.

Signature & Seal of SPE.