

RAJASTHAN RAJYA VIDYUT KARAMCHARI TRUST

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No. RVPN/Dy.COA (P&F)/Control/ D. २३६ Jaipur Dated 16-4-19

परिपत्र

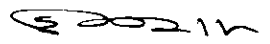
विषय:— कर्मचारी जमा सहबद्ध बीमा योजना 1976 के अन्तर्गत मिलने वाले लाभ के संदर्भ में।

कर्मचारी भविष्य निधि जमा सहबद्ध बीमा योजना विनियम 1976 को राजस्थान राज्य विद्युत मण्डल के मृतक कर्मचारी के परिजनों को जीवन बीमा लाभ देने हेतु प्रस्तावित किया गया। इस योजना को समय समय पर केन्द्र सरकार की सहबद्ध बीमा योजना के अनुसार संशोधित किया जाता रहा है। सदस्य कर्मचारी की मृत्यु होने पर कर्मचारी द्वारा नामित व्यक्ति को बीमा लाभ दिया जाता है।

प्रातः यह देखा गया है कि कर्मचारी जमा सहबद्ध योजना के प्रति जागरूकता के अभाव में मृतक कर्मचारी के परिजनों को इस योजना का लाभ नहीं मिल पा रहा है।

सभी विद्युत कम्पनियों के वृत्त लेखाधिकारियों को निर्देशित किया जाता है कि वे कर्मचारी सहबद्ध बीमा योजना के अन्तर्गत मिलने वाले लाभों से कर्मचारियों को जागरूक करें। तथा यह सुनिश्चित करे कि वृत्त के मृतक कर्मचारी के परिजनों को इस योजना के तहत मिलने वाले लाभों के प्रति सजग करे एवं मृतक कर्मचारी के भविष्य निधि अन्तिम भुगतान के साथ ही सहबद्ध बीमा योजना के लिये भी दावा प्रस्तुत करे।

संलग्न:— सहबद्ध बीमा योजना दावा प्रपत्र


सचिव (क.भ.नि.न्यास)
रा.रा.वि.प्र.नि.लि., जयपुर

Rajasthan State Electricity Board

The Employees Deposit- Linked Insurance Scheme, 1976

(From to be used by a nominee/ legal heir of the deceased or guardian
of the minor nominee (s)/legal heir under paragraph 12 of this scheme)

(To be submitted in duplicate)

The Secretary (D.L.I.-Trust),

Rajasthan state Electricity Board,

Jaipur.

(Through the Head of the office under whom the deceased was last employed)

I/We, the following being the nominee /Legal Heir/ Guardian of the minor nominee(s) or minor heir of the deceased employee apply for the payment of the Assurance Benent the Employees Deposit Linked Insurance Scheme , 76.

FOR USE BY THE NOMINEES/LEGAL HEIR OTHER THEN MINOR

Name and address of the applicant	Sex	Age or year of birth	Marital status	Relationship with the deceased	Remark
1	2	3	4	5	6

FOR USE IN RESPECT OF MINOR NOMINEES/HEIR(S)

Name and address of the applicant	Sex	Age or year of birth	Name of minor nominee/heir	Sex	Age or year of birth	Relationship with the deceased	Remark
1	2	3	4	5	6	7	8

1. The particulars in respect of the deceased members are furnished below:-

- (a) Name of the deceased
- (b) Fathers name
(or husband name in the case of married woman)
- (c) Date of death
- (d) Last employed in
- (e) Account number in Provident fund
2. The payment may be made through/cheque/ DD through the office where the deceased was last employed.
3. I/We declare that the above particulars are true to the best of my/our knowledge and nothing has been hidden.

Signature or left/right hand thumb impression of Sh./Smt./Kum.(the applicant)
(Left thumb impression in the case of illiterate male applicant and right hand thumb impression in the case of illiterate female applicant).

Certify that the signature /signatures or the thumb impression was/were fixed before me.

Signature of the head of the office
(with date and seal)

CERTIFICATE

- (1) Certify that the particulars furnished are above.
- (2) Certify that the member dead onwhile in service.
- (3) The clam of the DLI has not been preferred /previously and payment has also not been made.
- (4) Certify that the provided fund accumulation of the deceased employee late Shri. /Smt.....A/C no.....were paid to Shri/Smt./Miss

(i).....

(ii).....

Forwarded to the Secretary (CPF-Trust) RRVNL, Vidhyut Bhavan, Janpath, Jaipur-5, for necessary action:-

Date -

Signature of the Head of the office
(Name and Designation with official seal)