

FORM –B
(Rule 23(1))

APPLICATION FOR REGISTRATION AS A BENEFICIARY

1. (a) Name of the building or other construction worker:

(b) Father's Name / Husband's Name :

(c) Date of birth / age

(Attested copies of certificate :

Showing proof of age to be

Enclosed)

(d) Permanent address :

(e) Present address :

(f) Marital Status :

Married/Unmarried/Widow/Widower

2. Name and address of employer(s)
for whom worked in last three months:

Sl No	Name and Address of employer(s)	Description and location of Establishment where applicant is/was employed	Registration No. of Establishment	
(1)	(2)	(3)	(4)	
1.				
2.				
3.				
Designation and nature of work performed by the applicant	Dates of commencement and conclusion of employment		No. of days for which actually employed	Remarks
	Commencement	Conclusion		
(5)	(6)	(7)	(8)	(9)

3. Unique Identity Card No:

4. EPF No., if any

5. Particulars of documents regarding submission of registration fees:

6. Rate of subscription:

The above facts are true to the best of my knowledge.

Signature of the Applicant

Place:

Date:

Certified that the above applicant is /was engaged as a building or other construction worker for the period mentioned in Item No:2 above

Signature of employer/contractor/
General Secretary or President of Trade Union/
Secretary of Gram Panchayat/ Secretary
of PBMC/Adhyaksh of Zilla Parishad/
Pramukh P/Samithi/Pradhan GP/Labour
Inspector/Executive Officer Panchyat Samiti/
Junior Engineer of Department concerned

FORM-C
(See Rule 23- (5))

NOMINATION FORM

I nominate the following person / persons as rightful dependants, to receive all the dues from the A&N Islands Building and Other Construction Worker's Welfare Board on my behalf and in the event of my death as rightful heirs to receive all benefits due to me.

(1)	(2)	(3)	(4)
Name and address of Nominee / Nominees	Relationship with the Workers	Age of Nominee (s)	Amount of share given to each nominee

Place:

Date

Name, Address & Registration No. of the Beneficiary worker.

STATUTORY LIABILITY FOR THE CONTRACTORS UNDER A&N ISLANDS BUILDING AND OTHER CONSTRUCTION WORKERS (RE&CS) RULES 2003.

- To motivate and ensure registration of workers engaged by them as beneficiary under the above said rules. The beneficiary must submit the application himself or through contractor to the concerned Beneficiary Registration Officer along with a registration fee of Rs 20/- with 03 No Passport size photograph and attested Xerox copies of Age & Address proof.
- Collection and remission of monthly subscription on quarterly basis to the Secretary A&N Islands Building & Other Construction Workers Welfare Board in the designated State Bank of India A/C no: 30678637478. The Contractor can also submit the fee at a nearest SBI branch, and forward a copy of the Deposit Counter foil along with a list of workers with their Registration No and the Quarterly Subscription period.
- To register their establishment under the A&N Islands Building and Other Construction Workers (RE&CS) Act & Rules.

- To maintain register of beneficiaries in prescribed Form.
- Furnishing of monthly Returns giving details of workers in prescribed Form.

Copy of the forms enclosed in folder

FORM

EMPLOYER/CONTRACTOR MONTHLY RETURN

Return for the month ofRegarding the details of workers

1. Name, address & contact phone No. of the Establishment:

(i) Names of the Partners/ Directors/Proprietor/employer/occupier:

(ii) Name of Managing Partner/ Managing Director if any

(iii) Details of Branches if any:

2. No. of workers as on the close of pervious month:

3. No. and Name(s) of Workers (s) who left service:

4. No. & Name(s) of Workers(s) to be registered:

5. No. of workers as on the close of current month:

Place:

Signature and Name of the Employer.

Date:

FORM

REGISTER OF BENEFICIARIES TO BE MAINTAINED BY THE EMPLOYER/CONTRACTOR

1. Sl.No
2. Name and Full address of the benefices
3. Age & Date of Birth
4. Sex: Male/Female
5. Nature of work
6. Designation
- 7.(i)Date of commencement of employment:
(ii) Date of Completion of employment:
8. RateWages per day/per month
9. Date & No. of Registration of a beneficiary:
10. Quarterly Contribution of the beneficiary:
January to March April to June July to Sept October to December
11. Remarks if any :

Date:

Place

Signature of employer/contractor