



BHARAT COKING COAL LIMITED

(A Subsidiary of Coal India Limited)

PROFORMA - I

APPLICATION FORM

EMPLOYMENT UNDER PARA NO. 9.3.0 OF N. C. W. A. - VII

INFORMATION OF THE DECEASED EMPLOYEE

- a. Name of the Employee (Deceased) :
- b. Designation :
- c. Place of Posting at the time of death :
- d. Date of birth-age :
- e. Date of initial appointment :
- f. Date of death :
- g. Place of death :

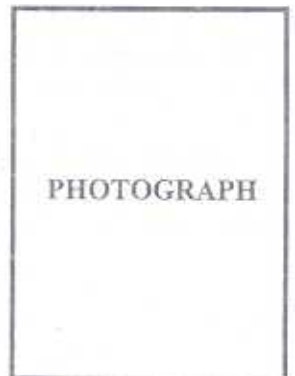
Incase he/she died in the Colliery a certificate of medical Officer certifying death should be enclosed Incase death occurred in Govt. Hospital death certificate from such hospital is required to be furnished in other cases i. e. if death occurred outside the colliery, a certificate of Gram Mukhiya duly attested by B. D. O. is to be enclosed.

- h. Date of retirement-superannuation :
- i. From 'B' No. :
- j. Identity Card No. :
- k. C. M. P. F. No. :
- l. Nominee under CMPF - Gratuity :
- m. Last date of work in the Colliery / Project / Area / Hqrs. :
- n. Personnel No. :
- o. Permanent home address :

INFORMATION OF THE DEPENDENT EMPLOYMENT

Photograph of the dependents to be certified by the Colliery Manager - Agent - Controlling Officer of the Establishment — Units where the deceased employee was last posted under his Seal & Signature.

- a. Name in full :
- b. Father's / Husband name :
- c. Date of Birth / Age :
- d. Mark of Identification :
- e. Relationship with the deceased employee (To be certified by the Agent - Manager - P. O. of the Colliery Project or the Head of the Dept. Personnel Manager and General Manager of the area incase of Areas)
- f. Qualifications
- (In case of matriculation and above photostat copy of original certificate must be enclosed)
- g. Experience, if any.



(Attested) photostate copy of experience certificate must be enclosed)

Contd. - II

Certified that the information furnished above been personally verified and are certified to be correct.

P. O / Sr. P. O. of the Unit / Estbmt.

Agent / Colliery manager / Head of the Unit

Certified that the information furnished above has been further personally verified by me and the same are certified to be correct.

Personnel Manager / HOD / General Manager

- h. Details of the surviving members of the deceased : [this includes wife, son brother, widow-daughter in law, if the details of the surviving members are known to the local management, the same may be filled-up and duly certified by the colliery officials. Otherwise, a certificate form Gram Mukhiya duly attested by B. D. O. should be insisted for & attached.

Name	Age	Relationship with the deceased	Whether employed, if so details	Wages / Salary being drawn

I here by declare that above information 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 BCCL will be at liberty to terminate my service without assigning any reason.

I also hereby certify that I have not appeared in any of the interview conducted by the management in connection with employment to dependent of deceased employees in terms of para 10.4.2. of NCWA - II if this statement is proved to be wrong, my service will be liable to terminate without assigning any reason.

Signature / LTI of the Applicant

Date

Signature obtained in my persence

Name :

Designation :

Date :

THE CERTIFICATE WILL BE ISSUED ONLY WHEN THE EMPLOYEE HAS EXPIRED IN HIS VILLAGE AND WHERE OUR MEDICAL OFFICER CANNOT BE CONTACTED FOR ISSUE OF DEATH CERTIFICATE

Certify that Shri S/o
 has died on at Village P. O.
 P. S. Dist State

Signature & Seal of Mukhiya

Signature & Seal of B. D. O.

Attested
 B. D. O. of the Block with Seal

DETAILS OF FAMILY MEMBERS

Sl. No.	Name	Age	Relationship with the deceased	Whether employed, if so details	Wages / Salary being drawn

Signature & Seal of B. D. O.

Signature of Gram Mukhiya
 With Seal

Village :

P. S. :

P. O. :

P. O. :

P. S. :

District :

District :

N. B. :- Certificate / Affidavits to be enclosed with the proposal.

- a. Incase of proposal of the female dependent affidavit sworn in by the widow of the deceased disabled employee declaring that she has no adult son must be obtained and enclosed.
- b. Incase of proposal of employment of the indirect candidate dependents namely younger brother widowed daughter / widow daughter-in-law or son-in-law affidavit sworn in by the widow of the disabled employee and she / he was almost wholly dependent on the earning member of the deceased must be obtained and enclosed with the proposal.