Boro Kachari Welfare Autonomous Council

बर' कछारि अनसाइ गावहायुंआरि खुंथाय Sanjari Nwgwr, Simen Chapori :: Dhemaji :: Assam www.bkwac.in

Ex-gratia to Families of Persons Killed or Died due to Natural Calamity or Any Other Unnatural Death:

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|------------|--|---|--|--|---|--|--|--|--|--|
| Year | | _ | | | _ | | | | | |

1. **Objective of the Scheme:** The main objective of the Scheme is to support bereaved families who have suddenly lost a family member due to un-natural death.

2. Illustrative list of un-natural death:

- a. Road traffic accident and other accidental death.
- b. Police firing.
- c. Homicide by extremists or any other violent person.
- d. Thunderstorm.
- e. Drowning.
- f. Earthquake etc.
- g. Animal attack.

3. Eligibility:

- a. The applicant must be a resident of BKWAC area.
- b. He/she must be a **dependent** of the deceased.

4. Amount of assistance:

- a. This is a one-time assistance not exceeding Rs. 50.00 thousand to be decided by the Executive Council of BKWAC subject to availability of fund earmarked for the scheme.
- b. Poorer among the applicants will be given priority.

5. Disbursement:

- a. The amount shall be credited directly by BKWAC to the next to kin of the deceased person's Bank Account through Electronic Clearing Service (ECS)/ Credit Clearing Mechanism (CCM). **Or Account payee cheque**.
- b. The applicant (next to kin of the deceased) must fill up ECS Form giving bank details and certified by the concerned bank.

6. Procedure for award of Assistance: The award of scholarship will be regulated as under:

- a. Application: Applicants, aspiring for the assistance, shall download the Application Form from the BKWAC's Website or collect from the Office of the BKWAC. Application form along with the relevant documents as per check list received on or before last date of submission shall only be accepted for evaluation.
- b. **Approval:** Approval shall be made by an apex level Committee constituted by the Executive Council of BKWAC.

7. Other Terms and Conditions:

- a. BKWAC reserves the right to alter, modify, interpret or withdraw the assistance scheme as considered necessary without any notice.
- b. The assistance is for any victim belonging to any community of BKWAC areas.
- c. Decision of BKWAC with regard to grant of the ex-gratia be final.
- d. Applications not in the prescribed format or received within <u>15 days</u> of the unnatural death or not accompanied by supporting documents are liable to be rejected.

8. HOW TO APPLY

- a. The candidates fulfilling the above eligibility criteria may download the Application Form from www.bkwac.in and submit their application form to the Office of the Principal Secretary, Bodo Kachari WelfareAutonomous Council.
- b. Complete application with all the supporting documents as mentioned in the application form duly certified and verified by appropriate authority should reach the office of BKWAC within <u>15 days</u> of the death.

Annexure:

- 1. Annexure- A: Application Form
- 2. Annexure- B: ELECTRONIC CLEARING SERVICE FORM (Bank Details)
- 3. Annexure- C: List of documents to be submitted.

Boro Kachari Welfare Autonomous Council

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Annexure-A

APPLICATION FORM

Ex-gratia to Families of Persons Killed or Died due to **Natural Calamity or Any Other Unnatural Death:**

Year:

| | | | _ | | | | |
|--------|--|-------------|---------------------|-----------|--|--|--|
| | ••••• | | Affix passport size | | | | |
| Note: | Issue date: | | recent photo of the | | | | |
| | Last date for submission: | | applicant attested | | | | |
| 2. | Last date for submission. | | by a gazetted | | | | |
| A. Per | rsonal profile: | | | officer | | | |
| 1. | Name of the Applicant (in capital letter): | | L | | | | |
| 2. | Gender: | Male/female | | | | | |
| 3. | Name of the deceased person: | | | | | | |
| 4. | Age and Sex of the deceased: | years | Ma | le/female | | | |
| 5. | Relationship of the applicant with the | | | | | | |
| | deceased: | | | | | | |
| 6. | Date of Death (DD/MM/YYYY): | | | | | | |
| 7. | Nationality: | | | | | | |
| 8. | Caste/community (General/ | | | | | | |
| | SC/ST/OBC): | | | | | | |
| 9. | Father's / Mother's/ Husband/ Guardian's | | | | | | |
| | name (of the applicant): | | | | | | |
| 10. | Present Address for communication with | | | | | | |
| | Pin Code: | | | | | | |
| 11. | Permanent Address with Pin Code: | | | | | | |
| 11. | Termanent radicess with the code. | | | | | | |
| | | | | | | | |
| 12 | Name of Constituency/ District: | | | | | | |
| 13. | Whether Police report is available? | | | | | | |
| 14. | Whether Death certificate/ Post-mortem | | | | | | |
| | report is available? | | | | | | |
| 15. | Whether proof of relationship (next to | | | | | | |
| | kin) is available and attached? | | | | | | |
| 16. | Telephone/ Mobile no. | | | | | | |
| 17. | E-mail ID: | | | | | | |

| B. Declaration: | |
|---|--|
| application is correct to the required. In the event of any | hereby declare that the information furnished by me in thi best of my knowledge and belief. In support, I enclose the documents a information provided by me is found false or incorrect, my candidature ip is liable to be rejected without any notice. |
| Date: | (Signature of the Applicant) |
| C. Verification by ZP rank of a Sub Inspe | PM/ MLA/MP or GM/EM of BKWAC/ Police officer not below the |
| with the original and are true | at the above particulars as furnished by the applicant have been verified to the best of my knowledge and belief. I therefore, recommend his / he of Ex-gratia to Families of Persons Killed due Natural Calamity of under BKWAC. |
| Date: | (Signature with Seal) |
| Place; | Name: |
| | Designation: |

Annexure-B

ELECTRONIC CLEARING SERVICE (MODEL MANDATE FORM) (PAYMENT TO PARTIES THROUGH CREDIT CLEARING MECHANISM)

| 1. | Name of Account Holder: | |
|----|---|--|
| 2. | Address: | |
| 3. | Phone / Mobile No: | |
| 4. | Email ID | |
| 5. | Bank Name: | |
| 6. | Branch Name: | |
| 7. | Account Number: | |
| 8. | IFSC code of the Bank: | |
| 9. | Account Type (S.B. Account/Current Account or Cash credit with code): | |

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not affected at all for reasons of incomplete or incorrect information, I would not hold the user Company responsible.

| Date: | (Signature of the Account Holder) |
|-------|-----------------------------------|
|-------|-----------------------------------|

Bank's stamp & Signature of the Authorised Official from the Bank

Annexure-C

LIST OF ATTESTED ENCLOSURES ALONG WITH APPLICATION FORM:

- 1. Death Certificate from competent authority:
- 2. Police Report
- 3. Post-mortem Report
- 4. Gaon Bura Certificate.
- 5. Photo identity proof of the deceased (Voter I-card, driving license etc.)
- 6. Residential proof of applicant
- 7. Photograph of the deceased
- 8. Proof of relationship of the applicant with the deceased.
- 9. Proof of Annual Financial Income of the candidate's family.
- 10. ECS (Electronic Clearing Service) Form to be duly filled and signed by the concerned Bank.

Note:

The applications duly completed in the prescribed format along with required enclosures should reach on or before at the following address:

To,

The Principal Secretary Boro Kachari Welfare Autonomous Council Gogamukh Dist. Dhemaji, Assam Pin: 787061