

Annexure-I

eShram Ex-gratia Claim Form

To be filled by the registered unorganised worker in case of his accidental disability claim or by his legal heir(s) in case of death of unorganised worker

1. Registered Worker's Universal Account Number (UAN):

2. Name _____ :

3. Address _____ :

4. Gender _____ :

5. Sex _____ :

6. Details related to accident

i. Brief description of the accident:

- ii. Place of accident : _____
- iii. Date of Accident : _____
- iv. Time of Accident : _____
- v. Whether the worker died in the accident : Yes No
- vi. If died, Date of Death : _____

- vii. In case of disability : Complete Partial

4. Documents to be submitted to support death/ disability (as applicable):

i. In case of Death:

- Death certificate:
- Medical Certificate of cause of death:
- FIR/ Panchnama filed at the time of incident:
- Post-mortem report supporting the cause of death due to accident:
- Legal Heir(s) certificate:
- In case of more than one Legal Heir, Affidavit for apportionment of claim amount:

ii. In case of permanent disability

- Hospital record which includes discharge summary indicating disability due to accident:
- Disability certificate issued by the Civil surgeon, or Unique Disability Identity Card (permanent) issued by Department of Empowerment of Persons with Disabilities, Ministry of Social Justice & Empowerment:

iii. In case of claim is being filed by the guardian

- Guardianship certificate issued by District Court

8. In case of death claim, details of legal heir(s):

- i. Name : _____
- ii. Sex : _____
- iii. Age (Year of Birth) : _____

iv. Marital Status : _____
v. Relationship with worker : _____
vi. Present Address : _____
vii. Aadhaar number : _____
viii. Mobile Number : _____

Bank Account Details (Aadhaar linked bank account only)

ix. Name of Account Holder : _____
x. Name of Bank : _____
xi. Bank Account Number : _____

(linked with Aadhaar)

xii. Bank IFSC Code : _____

Details of Guardian in case of a minor

xiii. Name of Guardian : _____
xiv. Relationship with legal heir : _____

8. Whether the same claim has ever been filed under PMSBY: Yes No
9. Status of Claim filed under PMSBY: Approved Rejected Pending

Declaration by Claimant in case of disability

I declare that the particulars given above are true to the best of my/ our knowledge and belief. If at a later stage, it is found that any information wilfully provided by me is not true, Government of India may recover any benefits provided to me under the scheme and may impose penalty, as applicable.

Name and Signature

1 _____

Declaration by legal heir(s) and/or or Guardian if Legal heir is a Minor

I/ We declare that the particulars given above are true to the best of my/ our knowledge and belief. If at a later stage, it is found that any information wilfully provided by me is not true, Government of India may recover any benefits provided to me under the scheme and may impose penalty, if applicable.

I/ We also declare that to the best of my/ our knowledge & belief, there is no other legal heir entitled to claim.

Name and Signature of Legal Heir(s) and/or Guardian if Legal Heir is a minor

1 _____

2 _____

3 _____

Annexure-II

Certificate by Authorised Officer

I, hereby certify that the claim documents submitted by Shri/ Smt. having UAN Number (eShram) have been checked thoroughly and are found to be genuine and in line with requirements laid down in guidelines.

Office Seal

Signature:

Name

:

Designation

:

District

:

State

: