



ऑयल एण्ड नेचुरल गैस कॉरपोरेशन लिमिटेड

Oil and Natural Gas Corporation Limited

Application for Grant of Financial Assistance Under *Asha Kiran Scheme*(2014-15)

A. Details of Retired Employee & the Applicant

CPF No	<input type="text"/>	Name:	<input type="text"/>
Last Designation	<input type="text"/>		
Date of Joining	<input type="text"/> - <input type="text"/> - <input type="text"/>	Date of Birth	<input type="text"/> - <input type="text"/> - <input type="text"/>
Date of Separation	<input type="text"/> - <input type="text"/> - <input type="text"/>	Last Place of Posting	<input type="text"/>
Separation Type	<input type="text"/>	Gender(√)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Whether Spouse is/was ONGC Employee	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, please mention CPF No.	
Name&Present Address of the Applicant	<input type="text"/>	DOB (If beneficiary is spouse) <input type="text"/> - <input type="text"/> - <input type="text"/>	Relationship with the retired employee (√) Self <input type="checkbox"/> Spouse <input type="checkbox"/>
PAN (if available)	<input type="text"/>	AADHAR No	<input type="text"/>

B. Details of Claim (along with requested amount to mitigate the emergency situation):

Sl No	Description of Emergency Situation Requiring Assistance under <i>Asha Kiran Scheme</i> *	Amount(Rs)
1		
2		
3		
4		
5		
6		
7		
Total		

*Attach supporting documents. Attach extra sheet, if required.

C. Details of Assistance already received under *Asha Kiran Scheme* in the current financial year:

Sl No	Emergency Situation for which Granted	Date of Payment	Amount(Rs)
1			
2			
3			
4			
5			
Total			

D. Details of other Benefits Received:

D.1 Monthly Benefits being received under PRBS, if any:

Insurer (PRBS)	Monthly Amount (Rs)	Annuity option

D.2 Monthly Assistance received under *Agrani Samman*, if any:

<i>Agrani Samman</i> (Name of the Beneficiary)	Monthly Amount (Rs)	Self/Spouse

D.3 Monthly Income from other sources, if any:

Source of Income	Monthly Amount (Rs)	Self/Spouse

E. Bank Details of the Applicant:

Name & Address of Bank & Branch	
Account Number (Attach a cancelled cheque)	
IFSC Code	

F. Certification

Declaration of income: I do hereby certify that my monthly income from all the sources does not exceed Rs 10,000/- (Rupees ten thousand). The certificate is furnished for the purpose of claiming benefits under 'Asha Kiran Scheme' of ONGC. In case this information is found to be false, appropriate action can be initiated against me by ONGC including but not limited to recovery of benefits already disbursed, if any, under the said scheme.

Date:

Signature of the Applicant

Supporting documents enclosed:

1.	
2.	
3.	

4.	
5.	
6.	

LIFE CERTIFICATE

(TO BE CERTIFIED BY GAZETTED OFFICER / SERVING E2 & ABOVE ONGC OFFICER/BRANCH MANAGER OF THE BANK)

IT IS TO CERTIFY THAT MR./MRS EX-EMPLOYEE OF ONGC,
DESIGNATION ID NO. HAS PERSONALLY APPEARED BEFORE ME ON
..... AND SIGNED IN MY PRESENCE. HIS/HER SIGNATURES ARE APPENDED BELOW.

Place.....

(Signature of Certifying Officer)

Date :

(Sign.of Ex-Employee/Spouse)

with Name & Designation

FOR OFFICE USE ONLY

(FOR USE OF SEPARATED EMPLOYEES ESTABLISHMENT)

Date of receipt of application (complete in all respect): _____

Amount recommended by ULC (Rs): _____

Amount Approved by the Competent Authority (Rs) : _____ (attach copy of approval)

Forwarded for payment of (Rs) _____ (Rupees _____) as per sanction of the Competent Authority, subject to pre-audit.

Date:

Signature & stamp of I/C Separated Employees Establishment

(FOR USE OF FINANCE & ACCOUNTS SECTION)

Passed for payment of Rs _____ (Rupees _____) towards financial assistance under Asha Kiran Scheme.

Date:

Signature & stamp of Finance & Accounts Executive

Self Certification

(Applicable in only those cases where only self certificate is required by the ex-employees)

With reference to the Scheme 'ASHA KIRAN' introduced by ONGC to provide financial assistance to its employees who retired prior to 01.01.2007 for taking care of their emergency needs, I hereby declare that:

1. I/ My spouse was in regular service of ONGC and completed not less than 15 years of continuous service in ONGC without break.
2. I fulfill all the conditions of eligibility for receipt of grant under 'Asha Kiran' Scheme.

Further, I hereby furnish Self Certification in respect of those emergency situations (tick marked below) which I am presently facing and need ONGC support to mitigate those emergency situations.

	Item No.	Description
1	2	This is to certify that I have completed the age of 70 years on I am incurring the expenditure of Rs..... on special food supplements/tonics/vitamins for my health restoration, nourishment and that I have not claimed any amount for these items under ONGC post retirement medical scheme <p style="text-align: right;">Signature</p>
2	3(a)	This is to certify that I have to incur an expenditure of Rs..... for provisioning of protective railings/support/ramp in my dwelling unit. And/ OR I have to incur an expenditure of Rs.....for taking personal assistance required due to my fragile health/movement disability for which I have not claimed any amount on this count under ONGC post retirement medical scheme. <p style="text-align: right;">Signature</p>
3	3(c)	This is to certify that I have to incur an expenditure of Rs..... on the service/items of personal hygiene and safety, which are not covered under ONGC Medical Scheme. <p style="text-align: right;">Signature</p>
4	5(b)	This is to certify that I am passing through indigent condition/extreme poverty and need financial support to overcome my difficult condition. <p style="text-align: right;">Signature</p>



UTILIZATION CERTIFICATE

Certified that I have incurred expenditure of an amount of ₹..... which was granted by ONGC under item 3 (a) of Asha Kiran Scheme, for purchase / construction of protective railings/ supports/ ramps in my present dwelling unit and also incurred expenditure for availing personal assistance due to fragility / age related movement disability / home nurse assistance due to partial or total disability.

In compliance of the instructions, I am forwarding this utilization certificate along with Original Bill / Payment voucher no....., Date..... for ₹....., to consider my application for grant of Asha Kiran for the year 2014-15.

{ ✓ }

(Signature of the beneficiary)

Place:

Name of ex-employee

CPF No.....

Date:

Last Designation

Mobile/Telephone No.....

e-mail:.....