



ऑयल एण्ड नैचुरल गैस कॉर्पोरेशन लिमिटेड
Oil and Natural Gas Corporation Limited,
Separated Employees Establishment,
ग्रीन हिल्स, ग्राउंड फ्लोर ए-विंग, तेल भवन, देहरादून
Green Hills, Ground Floor, A-Wing, Tel Bhavan
DEHRADUN

No.DDN/SEE/AKS/2017

Dated: 02nd January 2018

OFFICE ORDER

Board Level Committee (BLC) of Asha Kiran Scheme in its 4th meeting held on 27th December, 2017 approved continuance of Asha Kiran Scheme during the year 2017-18 for the eligible beneficiaries separated before 01.01.2007 (The original scheme & clarifications are available on or.net and Bandhan website)

There is no change in the terms and conditions of the Asha Kiran Scheme. The latest format (last revised in 2015-16) is to be used this year also with appropriate changes i.e. mentioning financial year 2017-18. Soft copy of the format to be used for inviting applications is attached. Eligible beneficiaries can submit their application form latest by 31st March 2018.

Efforts should be made to start disbursement of Financial Assistance under the Scheme immediately from the budget provision for Asha Kiran.

Budget Allocation based on BLC approval to Asha Kiran Scheme for FY 2017-2018 shall be done based on the utilization percentage of 2016-17 and is being sent separately.


02/01/18

(Preeta Pant Vyas)

GGM (HR)-Head Corp. Admn.

Encls: As above

Distribution:-

All concerned through OR.net/Bandhan site

ASHA KIRAN 2017-18

Necessary Instructions to be followed while submitting Asha Kiran Forms:-

1. The last date for submission of Asha Kiran form 2017-18 completed in all respect is 31.03.2018.
2. The claimant/beneficiary of Asha Kiran, if not completed 65 years to submit medical certificate of qualified medical practitioner/ONGC doctor for claiming 50,000/- on special food supplements/tonics/vitamins for health restoration, nourishment.
3. Copy of PAN Card of the claimant to be provided if Pan Number is not entered in system.
4. Copy of cancelled cheque/Front page of the pass-book of the account of bank maintained in SAP is required.
5. If spouse is claimant/beneficiary then he/she to submit the death certificate of the ex-employee if not updated in system.
6. Correct address & Phone Number should be mentioned.
7. Those who have already claimed Rs.10,000/- for provisioning of protective railings/support/ramp in dwelling unit in the Financial Year 2016-17 may submit bill/voucher along with utilization certificate.

Or

Those who have claimed Rs.10,000/- against personal assistance clause in the Financial Year 2016-17 to submit voucher along with utilization certificate.

RECEIPT

I have received an amount of Rs 10,000/- for the financial year 2016-2017 for Shri/Smt.....
CPF No.....for taking personal care due to his/her fragile health/movement disability.

Revenue
Stamp

(Signature)

Name:

Address:

Dated :



ऑयल एण्ड नैचरल गैस कॉर्पोरेशन लिमिटेड

Oil and Natural Gas Corporation Limited

Application for Grant of Financial Assistance Under *Asha Kiran Scheme*(2017-18)

Form No. CLM-AK

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	Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, please mention CPF No.	
Name & Present Address of the Applicant	<input type="text"/>	DOB (If beneficiary is spouse)	Relationship with the former employee (√)
		<input type="text"/> - <input type="text"/> - <input type="text"/>	Self <input type="checkbox"/> Spouse <input type="checkbox"/>
PAN Card No	<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	Item No 2	
2	Item No 3(a)	
3	Item No 3(c)	
4	Item No 5(b)	
5	Others	
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 canc. 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 Applicant****Supporting Documents enclosed:**

01	Copy of PAN Card	04	Aadhaar
02	Copy of Medical Certificate of under 65 years	05	First page of pass book
03	Cancelled Cheque	06	Others (Pl. specify)

LIFE CERTIFICATE

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

It is to certify that Mr. /Mrs ex-employee of ONGC, designation CPF No. has personally appeared before me on and signed in my presence. His/her signatures are appended below.

Place :

**(Signature of Certifying Officer)
with Name & Designation**

(Sign. of Ex- Employee/Spouse)

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:

- i) I/My spouse was in regular service of ONGC and completed 15 years of service in ONGC.
- ii) I fulfil all the conditions of eligibility for receipt of grant under "Asha Kiran Scheme.

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.

SNo	Item No.	Description
1	2	<p>This is to certify that I have completed the age of 65 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> <p style="text-align: right;">Signature</p>
2	3(a)	<p>This is to certify that I have to incur an expenditure of Rs..... for provisioning of protective railings / support / ramp in my dwelling unit.</p> <p style="text-align: center;">And/OR</p> <p>I have incurred 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> <p style="text-align: right;">Signature</p>
3	3(c)	<p>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> <p style="text-align: right;">Signature</p>
4	5(b)	<p>This is to certify that I am passing through difficult financial situation and to mitigate it, I may be granted an amount of Rs....."</p> <p style="text-align: right;">Signature</p>

UTILIZATION CERTIFICATE

Certified that I have incurred expenditure of an amount of Rs..... 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..... dated..... for Rs..... to consider my application for grant of Asha Kiran for the year 2017-2018.

Date:

Place:

SIGNATURE OF THE BENEFICIARY

Name

CPF

Last Desig

Mobile/Telephone No.....

E-mail address.....

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**