



ऑयल एण्ड नैचुरल गैस कॉर्पोरेशन लिमिटेड
Oil and Natural Gas Corporation Limited,
प्रधान निगमित साशन Head Corporate Administration
ग्रीन हिल्स, देहरादू, Green Hills Dehradun

No. ONGC/HCA/SEE/AKS/2018

Dated: 27.12.2018

OFFICE ORDER

Board Level Committee (BLC) of Asha Kiran Scheme in its 7th Meeting held on 21st December, 2018 approved continuance of Asha Kiran Scheme during the year 2018-19 for the eligible beneficiaries separated before 01.01.2007 (The original scheme & clarifications are available on or.net and Bandhan website)

There are no changes in the terms and conditions of the Asha Kiran Scheme.

In case of retired employee/beneficiaries who are residing in countries outside India, the life certificates which are duly apostilled in their country of living or authenticated by an officer in the Consulate of India shall also be accepted. Moreover, details of PAN card are to be requested only in case beneficiary is applying for the first time.

The form has been accordingly modified and the soft copy is attached. This format is to be used for inviting applications for Asha Kiran 2018-19. Eligible beneficiaries can submit their application form latest by 31st March 2019. Efforts should be made to start disbursement of Financial Assistance under the Scheme immediately. All work centers are to make arrangements to accept Asha Kiran applications on 30th and 31st March 2019 (Saturday and Sunday), so that applications of beneficiaries applying on the last date can be accepted.

The Asha Kiran Scheme is a Year on Year scheme and budget approved by BLC has to be utilized within the financial year, i.e. 2018-19. Budget Allocation to Work Centres under Asha Kiran Scheme for FY 2018-19 is being sent separately. Work Centres may collate the applications received by them up to the last date, i.e. 31.03.2019 and forward the actual expenditure and additional fund requirement (if any) to the Office of HCA by 7.4.2019.


(Preeta Pant Vyas)

ED-Head Corp. Admn.

Encls: As above

Distribution:-

All concerned through OR.net/ Bandhan site



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Oil and Natural Gas Corporation Limited

Application for Grant of Financial Assistance Under Asha Kiran Scheme(2018-19)

A. Details of Retired Employee & the Applicant

CPF No		Name:	
Last Designation			
Date of Joining		Date of Birth	
Date of Separation		Last Place of Posting	
Separation Type		Gender(√)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Whether Spouse is/was ONGC Employee	Y N	If yes, please mention CPF No.	

Name&Present Address of the Applicant	DOB (If beneficiary is spouse)	Relationship with the retired employee (√)
PAN Card No:		Self <input type="checkbox"/> Spouse <input type="checkbox"/>
if applying first time	Contact Number :	
	AADHAR No	

B. Details of Claim (along with requested amount to mitigate the emergency situation): Sl No Description of

Emergency Situation Requiring Assistance under Asha Kiran Scheme*	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:

Agrani Samman (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./For beneficiaries residing outside India, the life certificate should be apostilled OR certified by officer from Consulate of India)

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

Place.....

Date :

.....
(Sign.of Ex-Employee/Spouse)

(Signature of Certifying Officer)
with Name, Designation

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	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 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 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 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 difficult financial situation and to mitigate it, I may be granted an amount of Rs....." <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 2018-2019.

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**

ASHA KIRAN 2018-19

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

1. The last date for submission of Asha Kiran form 2018-19 completed in all respect is 31.03.2019.
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 applying for the first time.
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 2017-18 may submit bill/voucher along with utilization certificate.

Or

Those who have claimed Rs.10,000/- against personal assistance clause in the Financial Year 2017-18 to submit voucher along with utilization certificate.

RECEIPT

I have received an amount of Rs 10,000/- for the financial year 2017-2018 from

Shri/Smt.....

CPF No.....for taking personal care due to his/her fragile

health/movement disability.

Revenue
Stamp

(Signature of Assistant)

Name:

Address:

Dated :