



ऑयल एण्ड नैचुरल गैस कॉरपोरेशन लिमिटेड  
Oil and Natural Gas Corporation Limited,  
प्रधान निगमित प्रशासन Head Corporate Administration  
ग्रीन हिल्स, देहरादून, Green Hills Dehradun

No. ONGC/HCA/CSEE/AKS/2019

Dated: 13.09.2019

**OFFICE ORDER**

Board Level Committee (BLC) of Asha Kiran Scheme in its 8<sup>th</sup> meeting held on 26<sup>th</sup> July, 2019 approved continuance of Asha Kiran Scheme during the year 2019-20 for the eligible beneficiaries separated before 01.01.2007 with the following modifications :

- i) Increase in eligible income ceiling from Rs 10,000/- to Rs 17,000/- per month. (Annual Ceiling of Rs 2, 04,000/-). The annual income shall be determined on the basis of the income in the previous financial year.
- ii) Financial assistance under various emergency conditions have been enhanced and the financial support matrix has been accordingly modified.
2. The Modified Financial Support Matrix and the application form for Asha Kiran 2019-20 is attached.
3. **Eligible beneficiaries can submit their application w.e.f 1<sup>st</sup> October 2019. The applications shall be accepted upto 31<sup>st</sup> March 2020.** All work centers are to make arrangements to start disbursement of financial assistance under the scheme immediately upon receipt of application form. Work centers should ensure that expenditure under Asha Kiran should be within the allocated budget.
4. **Asha Kiran is an Year on Year scheme and budget approved by BLC has to be utilized within the financial year i.e 2019-2020.** Budget allocation to work centers is being sent separately. Additional fund requirement if any may be intimated to Head Quarters by 3<sup>rd</sup> April 2020. **There are no changes in the other terms and conditions of the Asha Kiran Scheme-2013.**

  
(Preeta Pant Vyas)  
ED-Head Corp. Admn.

Enclosures:

1. Application form for Asha Kiran 2019-20 and Modified Financial Support Matrix

Distribution:-

All concerned through OR.net/Bandhan website

Financial Support Matrix-Modified 2019**ASHA KIRAN-A Scheme for extending financial assistance to the employees retired prior to 1.1.2007 for taking care of their emergency needs**

Each Separated Employees Cell at all locations shall create/update the data base in respect of all those retired employees who are availing post-retirement medical benefits or any other support from that particular SEE. The data base should have all relevant details viz name of retired employee and spouse, age, address (own house or rented), bank details, names of dependents if any indicating their name, age, gender, relationship with the retired employee etc.

Admissibility of financial support, per annum, under various situations will be as under-

Item No.	Brief Description	Annual Limit (Rs.)
(1)	(2)	(3)
<b>1-Natural calamities-</b>		
1(a)	Partial Damage to dwelling unit/household goods	2,00,000
1(b)	Total damage to the dwelling unit, which is rendered as not in a liveable condition and also major damage to house hold goods.	2,60,000
<p>The grant will be admissible only in case of loss/damage on account of natural calamities like flood, cloud burst, fire, building collapse, earth quake, storms, cyclones, tsunami, inundation etc. Cases of normal wear &amp; tear; weathering and normal erosion shall not be covered. For the grants listed above, the applicant shall submit a certificate issued in this regard by the concerned local Civil Authority i.e. City Fire Services, Distt. Admn. etc. or a report by an assessment team appointed by the ULC-Asha Kiran.</p> <p>(a) Relevant documents pertaining to the damage/loss including the photographs etc. shall be submitted by the applicant in support of his claim. Utilization certificate along with the bills and payment vouchers shall be submitted by the beneficiary within 6 months of release of funds. Any subsequent request for grant under Asha Kiran will be considered only where the bills of the past grant are fully settled.</p>		
<b>2- Food supplements/vitamins, Life Support and nourishment-</b>		
(1)	(2)	(3)
2	The food supplements/tonics/vitamins should be such as are necessary for convalescence, health restoration, nourishment of the affected individual.	65,000
<p>Grant under this category shall be available for meeting the expenditure on special food supplement/tonics/vitamins etc. which are not normally covered under ONGC medical facilities. The grant under item 2 shall be admissible only for the use of retired employee/spouse.</p> <p>The benefit shall be available to all employees above the age of 65 years on self-certification basis. For less than 65 years of age; the food supplement/tonics/vitamins shall be admissible as per the advice of ONGC doctor or a qualified medical practitioner and for which doctor's prescription shall be necessary.</p>		
<b>3 Old age-mobility issues.</b>		
(1)	(2)	(3)
3(a)	The actual expenditure incurred in provisioning for protective railing, supports, ramp etc. (The minimum life of such protective railing/support shall be 5 years.)	15,000
3(b)	The actual expenditure incurred on emergency ambulance or short stay near the hospital in the course of medical treatment/consultations. Cases of transport due to medical emergency etc. shall also be covered	40,000

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3( c)	Expenditure on the service/items of personal hygiene and safety which are not covered under ONGC medical scheme.	25,000
<p>For 3(a) above, the grant shall be available on self-certification basis. Grant in this category shall cover rehabilitation and protective aids viz provisioning of protective railings/supports/ramps in the dwelling unit where the applicant normally resides (own or rented accommodation) as well as personal assistance required due to fragility/age related movement disability/home nurse assistance due to partial or total disability.</p> <p>For 3(b), the grant shall be admissible only for the eligible retired ONGC employee/spouse. Further, the grant will be admissible on the basis of advice/certification of ONGC Doctor/Empanelled Doctor/Doctor of a Civil Hospital that the same was necessary as an emergency measure.</p> <p>For 3 (a) &amp; 3 (b) utilization certificate along with the bills and payments vouchers shall be submitted by the beneficiary.</p> <p>For 3(c), The grant shall be admissible only for the retired employee/spouse and the same shall be available on Self certification basis.</p> <p>The overall ceiling for all the items covered under Clause 3 above shall be Rs.65, 000 in a Financial Year.</p>		
<b>4 support to dependent parents/parents-in-law/grand children</b>		
(1)	(2)	(3)
4(a)	Support to the parents/parents-in-law who are non-earning and whose responsibility has fully or partially fallen on the shoulders of the applicant (retired ONGCian or his /her spouse)	40,000
4(b)	Support to the grand children who are non-earning and whose responsibility has fully or partially fallen on the shoulders of the applicant (retired ONGCian or his/her spouse) due to death of his/her parents.	40,000
<p>For 4(a) – The names of parents shall be verified from the personal records of applicant as available in his service book. In case of parents in law, their names are required to be verified by any serving ONGCian at minimum E2 level certifying that the support is provided by the applicant to his parents/parents-in-law.</p> <p>For 4(b) – Relationship of grandchildren with the beneficiary shall be verified by cross checking the name of son/daughter of the beneficiary as available in his service records.</p> <p>The overall ceiling for all the items covered under Clause 4 above shall be Rs.40, 000 in a Financial Year.</p>		
<b>5 Financial Emergencies</b>		
(1)	(2)	(3)
5(a)	Occurrence of any involuntary financial liability which has fallen on the shoulder of the applicant. Details of such involuntary financial liability are required to be explained by the applicant.	65,000
5(b)	Where the retired ONGCian / spouse is passing through indigent conditions/extreme poverty	35,000
<p>For 5 (a) above, necessary documents/proof in support of the case are required to be submitted along with the application in order to substantiate the claim under the scheme.</p> <p>For clause 5(b) above, self –certification from the applicant in this regard shall be required. The overall ceiling for all the items covered under Clause 5 above shall be Rs.80, 000 in a Financial Year.</p>		
<b>6 Victim of acts of terrorism</b>		
<p>For the grant under 6 above, the applicant shall submit the proof/evidence of such occurrence and that the affected individual has undergone the loss. The overall ceiling under this clause shall be Rs.90,000 in a Financial Year.</p>		

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7 Any other emergency		
(1)	(2)	(3)
7	Any other emergency need which has not been covered above.	80,000
For grant under 7 above, the request is to be examined and evaluated on case to case basis.		
Maximum overall annual ceiling in respect of one employee shall be Rs.2, 60,000/- (Rupees two lakh sixty thousand only).		

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# ऑयल एण्ड नैचुरल गैस कॉरपोरेशन लिमिटेड

## Oil and Natural Gas Corporation Limited

### Application for Grant of Financial Assistance Under *Asha Kiran Scheme*(2019-20)

#### 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)	AADHAR No	

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

Description of Emergency Situation Requiring Assistance under <i>Asha Kiran Scheme</i> *			Amount(Rs)
1	Item No 1	: Natural Calamities	
2	Item No 2	: Food Supplements	
3	Item No 3(a)	: Protective railing etc.	
4	Item No 3 (b)	: Emergency Ambulance / Short stay near Hospital	
5	Item No 3 (c)	: Personal Hygiene and Safety	
6	Item No. 4	: Support to dependent parents / parents-in-law/grand children	
7	Item No. 5	: Financial Emergencies	
8	Item No. 6	: Victim of acts of terrorism	
9	Item No. 7	: Any Other emergency	
<b>TOTAL</b>			

\* 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			
<b>Total</b>			

#### 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 and total income under *Agrani Samman* (April 18 to March 19), if any:

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

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

Source of Income	Monthly Amount (Rs)	Self/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	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.....” In the Asha Kiran Claim form for the year 2019-20.  <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 2019-2020.

**SIGNATURE OF THE BENEFICIARY**

Name .....

CPF .....

**Date:**

**Desig at the time of separation** .....

**Place :**

(In case of spouse, the design. of Sep. Emp.)

**Mobile / Telephone No**.....

**E-mail address**.....

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**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**

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**(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**

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## ASHA KIRAN 2019-20

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

1. The last date for submission of Asha Kiran form 2019-20 completed in all respect is 31.03.2020.
2. The claimant/beneficiary of Asha Kiran, if not completed 65 years to submit medical certificate of qualified medical practitioner/ONGC doctor for claiming 65,000/- 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 2018-19 may submit bill/voucher along with utilization certificate.

Or

Those who have claimed Rs.10,000/- against personal assistance clause in the Financial Year 2018-19 to submit voucher along with utilization certificate.

### RECEIPT

I have received an amount of Rs 10,000/- for the financial year 2018-19 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 :