

ANDHRA PRADESH STATE ROAD TRANSPORT CORPORATION

Office of the Managing Director  
Bus Bhavan, Hyderabad-20.

No.W6/863(1)/2013.PO-I

**NOTIFICATION NO.PD-1/13, Dated 23.01.2013.**

Sub: WELFARE – Labour Welfare Fund – Welfare Schemes implemented by  
the AP Labour Welfare Board – Reg.

Ref: Cir.No.PD-43/1991 dt.30.05.91.

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As per Provisions of AP Labour Welfare Fund Act, 1987 which came into force w.e.f.1<sup>st</sup> May 1988 the Corporation is recovering Rs.2/- from each employee (other than Supervisors and Managers) through the Salary Bill of December towards employee contribution and remitting the same amount together with employer contribution @ Rs.5/- per employee before 31<sup>st</sup> January of the following year to the Labour Welfare Fund.

The A.P. Labour Welfare Board has been implementing various Welfare Schemes for the benefit of employees. The Welfare Commissioner releases a Notification every year in the month of January calling for applications for sanction of Scholarships. Applications can be had from the Office of the concerned Asst.Commissioner of Labour or Asst.Labour Officer. Filled in applications with certification of the Unit Officer shall be submitted to the Asst.Commissioner of Labour before 15<sup>th</sup> February of the year. The following are the benefits under the scheme.

2. Scholarships to the Employees and employees Children:

The following amounts are granted towards Scholarships.

Sl. No.	Course	Amount of Scholarship per student per annum
1	10 <sup>th</sup> Class	1000/-
2	ITI	1000/-
3	Polytechnic	1500/-
4	Engineering	2000/-
5	Medicine	2000/-
6	Law	2000/-
7	B.Sc.(Agri)	2000/-
8	B.Sc.(Vet)	2000/-
9	B.Sc Nursing	2000/-
10	B.Sc Horticulture	2000/-
11	B.C.A.	2000/-
12	M.C.A.	2000/-
13	B.Pharmacy, M.Pharmacy	2000/-
14	B.B.A.	2000/-
15	M.B.A.	2000/-
16	Diploma in Medical Laboratory Technician	2000/-
17	P.G.Diploma in Medical Laboratory Technician	2000/-

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2. Scholarships to Physically Challenged Students:  
Physically Challenged Children (Student) of employee are given a Scholarship of Rs.2000/- each once in a year.
3. AIDS Treatment:  
A Financial Aid of Rs.20,000/- is given towards the treatment to the employees who are suffering from AIDS.
4. Marriage Gift:  
Self marriage of female employee or Employee daughters marriage (One of the family members only) provided with Rs.9,000/- Fixed deposit and Rs.1,000/- value Pressure Cooker and the employee has to apply within six months from the date of marriage. (Above Rs.10,000/- monthly salary are not eligible)
5. Emergent Economic Ameliorative Relief (to the family of deceased employee)  
Under the scheme, Financial Aid of Rs.20,000/- is paid to the family of the employee who died in accident. The application for the aid has to be submitted within one year from the date of death of the employee.
6. Financial Assistance to the employees in case of natural death :  
An amount of Rs.10,000/- is paid towards financial assistance to the family members of deceased employees in case of natural death. The application for the aid has to be submitted within one year from the date of death of the employee.
7. Financial Assistance for Loss of Limbs:  
Under this scheme, if any employee disabled (loss of limbs ) due to accident, Rs.20,000/- financial aid is provided. The employees who are availing the benefit of ESI and benefit under Compensation Act are not eligible for the Financial Assistance.
8. Rest House facility at Tangutoori Anjaiah Rest House, Mushirabad, Hyderabad  
Rest house facility is provided on payment of nominal rent of Rs.75/- per day.
9. Vocational courses Training Scheme :  
Under the scheme, free training facility in tailoring, Embroidery and Type Writing is provided for family members of the employees.
10. Maternity Benefit: Female employees are eligible for financial benefit of Rs.5,000/- towards delivery expenses for two issues only and the same has to be claimed within one year from the date of delivery.
11. Family Planning Scheme :  
An amount of Rs.2000/- is given under this scheme upto two children only. Application for sanction of benefit under the scheme shall be made within one year from the date of operation. The benefit is not applicable to the employees, whose salary is above Rs.10,000/-.

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12. Financial Assistance for treatment of chronic diseases :  
An amount of Rs.20000/- is paid for long treatment like Cancer, Kidney, Brain Tumor, Heart diseases, paralysis, Gynic to the employees and their families on submission of application within one year from the date of treatment. The employees who are availing the benefit of ESI or from the Management are not eligible for the Financial Assistance.
13. Funeral Expenses:  
An amount of Rs.5,000/- is paid towards funeral expenses to the family in case of death of the employee. The application for grant of the amount shall be submitted within six months from the date of death of the employee.

The employees who availed monetary benefit from the Corporation for the above schemes are not eligible. The proforma of application forms is enclosed herewith. For any further details, the employees may contact the Asst.Commissioner of Labour or the Asst.Labour Officer concerned.

Copy of the Notification shall be exhibited in all the Notice Boards of the Office/Units and the Unit Officers shall give wide publicity to facilitate the eligible employees to avail the welfare facilities provided by the A.P.Labour WelfareBoard.

Sd/-  
(A.VENKATESWARA RAO)  
EXECUTIVE DIRECTOR(A&P)

To  
All Officers of the Corporation.

Copy to : Notice Board of all units.

//ATTESTED//

  
DY.CHIEF PERSONNEL MANAGER(IR&W)



# ఆంధ్రప్రదేశ్ కార్మిక సంక్షేమ మండలి, హైదరాబాదు

## స్కాలర్‌షిప్ (పిల్లలకు / కార్మికునకు)

కార్మికుని ఫోటో

1. కార్మికుని పేరు \_\_\_\_\_
2. తండ్రి/భర్త పేరు \_\_\_\_\_
3. ఇంటి అడ్రస్ \_\_\_\_\_
4. కార్మికుడు పనిచేయుచున్న సంస్థ/పరిశ్రమ పేరు \_\_\_\_\_  
మరియు అడ్రస్ \_\_\_\_\_
5. పి.ఎఫ్. నెం. \_\_\_\_\_ ఇ.యస్.ఐ. నెం. \_\_\_\_\_ టోకెన్/స్టాఫ్ నెం. \_\_\_\_\_
6. కార్మికును హోదా \_\_\_\_\_
7. నెలసరి జీతము / వేతనము \_\_\_\_\_
8. విద్యార్థి పేరు \_\_\_\_\_
9. ప్రస్తుతము చదువుతున్న తరగతి / కోర్సు \_\_\_\_\_
10. పాఠశాల / కళాశాల పేరు మరియు అడ్రస్ \_\_\_\_\_  
\_\_\_\_\_
11. గత సంవత్సరము చదివిన తరగతి / కోర్సు వివరములు \_\_\_\_\_  
ఎ) పాఠశాల / కళాశాల పేరు మరియు అడ్రస్ \_\_\_\_\_  
\_\_\_\_\_
- బి) చదివిన తరగతి \_\_\_\_\_ సి) పొందిన మార్కుల శాతం (%) \_\_\_\_\_
12. ధరభాస్తు తేది \_\_\_\_\_

☞ గమనిక :- జతపరచవలసినవి : గజిట్‌డ్ అధికారిచే ధృవీకరించిన మార్కుల జాబీదాను ధరభాస్తుకు జతపరచవలెను కార్మికుని సంతకము

### యజమాని ధృవీకరణ

ధరభాస్తు దారుడు మా సంస్థలో ఉద్యోగం చేయుచున్నాడు. అతని పేరున సంక్షేమ నిధికి చందాను చెల్లించినాము.

1. ఏ సంవత్సరానికి చెల్లించబడినది \_\_\_\_\_ తేది \_\_\_\_\_
2. రసీదు / డి.డి / చెక్కు / చలానా నెం \_\_\_\_\_
3. మొత్తము రూపాయలు \_\_\_\_\_ యజమాని సంతకము/సంస్థ ముద్ర/తేది

### కార్యాలయము నిమిత్తము

RC No..... తేది _____ పైన తెలిపిన వివరములు వాస్తవమని నిర్ధారించి సిఫార్సు చేయడమైనది.  తేది _____ సహాయ కార్మిక అధికారి సంతకము ఆఫీసు ముద్ర	RC No..... తేది _____ పైన తెలిపిన వివరములు వాస్తవమని నిర్ధారించి సిఫార్సు చేయడమైనది.  తేది _____ సహాయ కార్మిక అధికారి సంతకము ఆఫీసు ముద్ర
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**ANDHRA PRADESH LABOUR WELFARE BOARD  
HYDERABAD**

**APPLICATION FOR SANCTION OF  
SCHOLARSHIP (CHILDREN / SELF)**

Affix Photo  
of worker

1. Name of the worker : .....
2. S/o, D/o : .....
3. Residential Address : .....
4. Name of Estt. / Factory with Address : .....
5. Designation : .....
6. Token / Staff No. : .....
7. Wages / salary per month : .....
8. Name of the child (Student) : .....
9. Class / Course Studying : .....
10. Name & Address of the school / College : .....
11. Particulars of previous year's study :
  - a) Name of the School / College : .....
  - b) Class / Course studied : .....
  - c) Total Marks obtained & % of marks : .....
12. Date on which the application is made : .....

Signature of the worker

Enclosures : Attested Xerox Copies of 1) Marks Memo of the academic year applicable 2) Study Certificate

**Declaration by the Employer**

The applicant is working in our establishment and welfare fund contributions have been paid up to date in respect of the worker through Cheque / D.D. / Challan / Receipt No. : Date :

Date :

Signature of the Employer with seal

**OFFICE USE**

RC No.....

Date : .....

RC No.....

Date : .....

It is certified that the above particulars are correct and therefore recommended for sanction of the benefit.

Sanction is accorded herewith for release of the benefit. Put up sanction orders.

Date :

Signature of ALO &  
Office Seal

Date :

Signature of ACL &  
Office Seal