

SCHEME OF BOARD'S FINANCIAL ASSISTANCE FOR DISABLED PERSONS DEPENDENTS ON TEA PLANTATION WORKERS.

The articles which are required by the disabled persons dependent on tea plantation workers as certified by the Medical Officer in form as designed by Board maybe accepted irrespective of articles to be purchased. The level of assistance will be as follows.

	<u>Cost of article</u>	<u>Level of assistance</u>
i)	Upto Rs. 1000/-	Rs. 1000/- or the actual cost whichever is lower.
ii)	More than Rs. 1,000/-	Rs. 1500/- or the actual cost whichever is lower.
iii)	More than Rs. 2,000/- but upto Rs. 3,000/-	Rs. 2,000/- or the actual cost whichever is lower.
iv)	Above Rs. 3,000/-	Rs. 2,500/- or the actual cost whichever is lower.

Application Form for Board's Financial Assistance for Disabled Person Dependent on Tea Plantation Wokrer.

1. a) Name of the applicant :
(in block letter)
- b) Monthly income of family :
2. Name of the disabled person and his/her relationship with the applicant.
.....
a) Name : b) Relationship :
c) Age :
3. Name of the garden where the applicant is employed
4. Nature of disability
5. Name of the article required and cost of the article

(To be supported with a proforma invoice or a certificate regarding the price from the supplier)

6. DECLARATION BY THE APPLICANT :

I hereby declare that the statements given in this application are true to the best of knowledge and belief and that the disabled person mentioned herein has been residing with me and wholly dependent on me.

(Signature or thumb impression of the disabled person) (Signature or thumb impression of the applicant)

7. CERTIFICATE OF THE MEDICAL OFFICER :

Certified that Shri/Smt wife/son/daughter of Shri/Smt employed in the Tea Estate is a disabled person and for his/her disability he/she essentially required (name of the article)

The nature of the disability is

Place :
Date :

Signature and designation of Medical Officer and the Hospital/ Dispensary to which attached.

(Seal)

Registration No.

8. **RECOMMENDATION OF THE MANAGER OF TEA ESTATE**

..... certified that Shri/Smt.
..... is employed in this Tea Estate since
or certified that Shri/Smt Is a dependent
of Shri/Smt employed in this Tea Estate
since All the entries made in this application have been duly verified
by me and found to be correct to the best of my knowledge.

(Seal of the Tea Estate)

Signature of the Garden Manager
Regd. No. of Tea Estate
Date and Place :

9. **RECOMMENDATION OF THE REGIONAL/SUB-REGIONAL OFFICE OF THE TEA BOARD**

(If the Tea Estate in which the applicant is employed is not a member of any Tea Producers' Association.)

Verified and recommended payment of Rs.
being the estimated cost of the

(Seal of the office)

Signature of Board's Officer
Dated & Place :

N.B. The Board will give grant in advance upto 50% of the cost of the article(s), if satisfied with the application, to the Secretary, Tea Producers' Association/Office of the Regional/Sub-Regional Office of the Tea Board and the balance 50% of the grant will be paid on production of the Cash Memos, from the supplier duly countersigned by the Medical Officer and Secretary, Tea Producers' Association/Officer of the Regional/Sub/Regional office of the Tea Board.
