

ସହକାରୀ ବୟନ ଶିଳ୍ପ ନିର୍ଦ୍ଦେଶକଙ୍କ କାର୍ଯ୍ୟାଳୟ

କଳାହାଣ୍ଡି, ଭବାନୀପାଟଣା ।

ବିଜ୍ଞାପନ ନଂ. 366... ତା... 15/2/2020

ଏତଦ୍ୱାରା କଳାହାଣ୍ଡି ଓ ନୁଆପଡା ଜିଲ୍ଲାର ସମସ୍ତ ବୁଣାକାର ଭାଇ ଓ ଭଉଣୀମାନଙ୍କୁ ଅନୁରୋଧ କରାଯାଉଅଛି ଯେ, ଆସନ୍ତା ବର୍ଷ ୨୦୨୦-୨୧ ବର୍ଷ ପାଇଁ

- (୧) ତନ୍ତଶାଳା ତଥା ବାସଗୃହ ନିର୍ମାଣ
- (୨) ତନ୍ତ/ତନ୍ତ ସରଞ୍ଜାମ
- (୩) ଜ୍ଞାନ ଆହରଣ ନିମନ୍ତେ ପ୍ରତିଷ୍ଠିତ ହସ୍ତତନ୍ତ ପୁଞ୍ଜିକୁ ପରିଭ୍ରମଣ ଓ ଦକ୍ଷତା ବୃଦ୍ଧି ତାଲିମ
- (୪) ଗର୍ଭ ତନ୍ତର ତଳେଇକରଣ
- (୫) ବୁଣାକାର ବୀମା ଯୋଜନା
- (୬) ବରିଷ୍ଠ ବୁଣାକାର ସହାୟତା ଯୋଜନା

ଓ ଅନ୍ୟାନ୍ୟ ଯୋଜନାର ସହାୟତା ନିମନ୍ତେ ଦରଖାସ୍ତ ଆହ୍ୱାନ କରାଯାଉଅଛି ସଂପୂର୍ଣ୍ଣ ଦରଖାସ୍ତ ଗୁଡ଼ିକ ତାକ ଯୋଗେ କିମ୍ବା ସିଧାସଳଖ ହାତରେ ନିକଟସ୍ଥ ପ୍ରାଥମିକ ତନ୍ତ ବାୟ ସହଯୋଗ ସମିତି ଲିଃ କିମ୍ବା ସହକାରୀ ବୟନ ଶିଳ୍ପ ନିର୍ଦ୍ଦେଶକଙ୍କ କାର୍ଯ୍ୟାଳୟ କଳାହାଣ୍ଡି, ଭବାନୀପାଟଣାଙ୍କ ଠାରେ ଇଂ ତା. ୧୭.୦୩.୨୦୨୦ ରିଖ ଦିନ ସୁଦ୍ଧା ଆବେଦନ କରିବାକୁ ଅନୁରୋଧ ।

ଫର୍ମ ଗୁଡ଼ିକ ଓ ତତ୍ ସମ୍ପର୍କୀୟ ସବିଶେଷ ସୂଚନାଗୁଡ଼ିକ ଉପରୋକ୍ତ କାର୍ଯ୍ୟାଳୟ କିମ୍ବା ନିମ୍ନରେ ପ୍ରଦତ୍ତ ୱେବସାଇଟି ରେ ଉପଲବ୍ଧ ହେବ ।

- (a) www.sadhacodisha.org
- (b) <https://kalahandi.nic.in>
- (c) <https://nuapada.nic.in>

ସ୍ୱା/

ସହକାରୀ ନିର୍ଦ୍ଦେଶକ ବୟନଶିଳ୍ପ
କଳାହାଣ୍ଡି, ଭବାନୀପାଟଣା

APPLICATION FORM FOR AVAILING ASSISTANCE UNDER DIFFERENT ONGOING DEVELOPMENTAL SCHEMES FOR THE YEAR

- 1) Name of the weaver :-
- 2) Father/ Husband's name :-
- 3) Age/ Educational Qualification / Ph. No- :-
- 4) Address :-
- 5) Working Status (Co-op/ Ind./ MCM/SHG) :-
- 6) Category (BPL/APL) if BPL, mention No :-
- 7) Govt. Assistance availed previously if any
 - a) Loom :-
 - b) Weaving accessories :-
 - c) Work shed :-
 - d) Dobby/ Jacquard :-
 - e) Training :-
- 8) Whether interested to avail Govt assistance by Contributing beneficiary share. :-
- 9) Working status
 - a) Type of Loom :-
 - b) Type of product produced :-
 - c) Type of yarn used :-
 - d) Monthly production
Mtrs. :-
Value :-
 - e) Income from weaving per Month /year :-
 - f) Income from other sources per Month/ year :-
 - g) Type of additional attachment on the loom if any :-
- 10) Type of assistance required

Signature of the weaver

I Sri / Smt. _____ do hereby undertake that I am willing to contribute my share as per scheme guide lines for availing Govt. Assistance under different developmental schemes.

Recommended by

CEO of the organization
Signature with seal

SARCS/I.T/W.S/T.A

Signature of the weaver

GUIDELINE/ELIGIBILITY CRITERIA FOR IMPLEMENTATION OF “PROMOTION OF HANDLOOM INDUSTRIES” (POHI).

Handloom Industry is the second largest employer in India and also in Odisha next to Agriculture. It is essentially a household industry providing employment to more than 3 Lakh weavers in Odisha. The industry represents the continuity of the age-old Indian heritage of hand weaving communities. Till the middle of the Xth Plan Government Policies have focused only on the weavers under the Co-operative fold. With the decline on PWCS, a need was felt to adopt the cluster Development Approach and focus on the weaver and his production condition for development of the sector. The Department had no comprehensive scheme to address all the components required for the economic development of the weavers of the state. The scheme “Promotion of Handloom Industries” which is under implementation since 1996-97, till the year 2005-06 has mainly served as a scheme for publicity and dissemination on account of inadequate finance flow. For lack of any other development oriented scheme in the state sector, the POHI has been broadened with inclusion of components like modernization of looms, provision of CFC, training communication, publicity activities like participation /organization of exhibition, fair and seminars, state award, trade promotion, documentary films, other publicity, exposure visit etc. suitable in the context of the present need. The modified and expanded scheme has also been approved by the P & C Department which focused both on development of market, strengthen information dissemination and focus on production condition.

The guidelines for implementation of different components under the scheme are given hereunder.

1. Director of Textiles & Handlooms, Odisha will be the Nodal Agency of this scheme for the State.
2. Concerned Zonal Deputy Director of Textiles/Asst. Director of Textiles/Orissa State Handloom Weavers Co-operative society/any reputed professional registered body/organization shall be the implementing agency of different components of this scheme as specified below.

1. WORK SHED CUM HOUSING:

An improved work shed/ housing cum work shed provides hygienic environment through better ventilation/lighting, more work space easier to take up pre weaving process, enables installation of improved looms including Broad loom and safe guard the belongings from natural hazards like rain and fire. This will facilitate a weaver to devote more time for the weaving activities in an effective manner and higher earning.

Criteria.

- (a) Member of the Weaver’s Co-operative Society/Weaver’s Self Help Group.
- (b) Having at least 50% wage earning during a year from the weaving profession.

- (c) Having a land in the name of the weavers where the construction and weaving shall be taken up.
- (d) He should not have a RCC roofing work shed.
- (e) Have not been assisted with any assistance under Housing scheme during the last ten years.
- (f) The scheme shall be implemented through the concerned WCS and Self Help Group to which the beneficiaries belong.

Document Required:

a. Income Certificate

b. Xerox copy of Weaver Card

c. Xerox copy of Adhar Card.

d. Xerox copy of Bank Pass book with account number & IFSC Code.

e. ROR

f. Xerox copy of Land record.

g. Application Form

2-TECHNOLOGY INTERVENTION :

Frequent diversification of design/product as per the market need has become an essential feature of the present production system to make the Handloom Industries sustainable. Further, it is equally essential to supply looms with accessories to loom less weavers and also additional loom with accessories to a weaver family depending upon its size and working members in order to engage maximum persons in weaving activities to earn more. This factor has been addressed in the component "Technology Intervention" with a purpose to

(i) Introduce high productive looms including conventional and iron looms, modern attachments like Dobby, Jacquard, Jalla, SPS Sley, motor charkha, replacement of old sley and other auxiliary as per need of weaver.

(ii) Assistance for other technological inputs for design diversification to the needy and skilled weavers for production of fabrics as per market trend. This result in providing sustainable livelihood to the weaver's family through increased wage earning. Assistance under the component will be provided to all categories of weavers on 90:10 sharing basis by Govt. of Odisha and the beneficiary concerned respectively as per prevailing market rate.

Criteria.

- i) Only needy and regular weavers will be covered.
- ii) Looms and accessories will be supplied to loom less weavers.
- iii) Additional loom and accessories can be supplied to a weaver family where more persons are engaged in weaving.

- iv) Where ever possible looms and accessories may be manufactured locally or purchased from the local manufacturing units inside or neighbouring state.
- v) Zonal DDT/ADTs shall submit specific proposal and on approval, they shall take steps for early utilization of fund.

Document Required:

1. Xerox copy of Weaver Card

2. Xerox copy of Adhar Card.

3.Application Form.

3. CAPACITY BUILDING.

Introduction of modern looms/weaving accessories and diversification of design is linked to skill/technology/wage earning of weavers which shall be upgraded through

- (i) Organization of training/ workshop etc.
- (ii) Exposure visit of weavers to progressive handloom clusters in/outside of the state.

Criteria.

- i) All categories of weavers in the trade in a cluster shall be eligible.
- ii) Workshop shall be organized by the concerned zonal DDT/ADT in collaboration with ITT, Choudwar/WSC, Bhubaneswar or other organization as per the requirement.
- iii) Weaving and Dyeing training programme shall be conducted by the concerned DDT/ADT through MCM/WSC, Bhubaneswar/ITT, Choudwar/ any other reputed professional organization.
- iv) A team of 16 weavers with two technical officials will make exposure visit to improved handloom clusters in/outside of the State.
- v) Concerned zonal DDT/ADT shall work out the detail action plan of the workshop on Weaving/Designing/Dyeing training progamme/Exposure visit of weavers and on approval of same by Govt. shall implement.

Document Required:

4. SKILL UP-GRADATION TRAINING

Implementing Agency :

Zonal Offices shall act as the Implementing Agency (I.A.) for the training programme to be imparted in their respective Zone. They shall be responsible for timely & effective implementation of the training programme and utilization of training cost in a transparent manner. The I.A. shall identify/select the lead WCS/SHG for execution of different training programmes in the Zone. If the trainees belong to a no. of PWCS/SHG or individual weavers, one particular PWCS/SHG shall be nominated as lead WCS/SHG by the Implementing Agency(Zonal Office). The name of the lead WCS/SHG shall be finalised by the DLMC.

1. Selection of Trainees :

Wide publicity of the scheme shall be made by I.A. (Zonal Office) in the weaver concentrated areas for better awareness among the weavers and PWC/SHG. The applications with the details shall be invited/received from intending trainees and complied by the lead WCS/SHG. The lead WCS/SHG shall prepare the list of intending trainees in the format (enclosed at Annexure-II) and shall submit the list to the Zonal Officer along with the resolution by the Committee of Management for executing such training. The Zonal Officer shall scrutinise the list through their field functionaries. While scrutinising the list of trainees, their minimum skill requirement shall be considered for different types of trainings. The weavers already trained in a particular trade earlier should not be identified for the same type of training. After necessary scrutiny, the Zonal Officer shall place the lists of trainees for all training programmes to be taken up in a particular year before the District Level Monitoring Committee (DLMC) meeting for finalisation. The proceedings of the DLMC meeting along with the list of trainees shall be submitted by the Zonal Officer to the Directorate of Textiles, Odisha in the format at Annexure-II.

Qualification : Formal qualification to read and write the local language. Preference should be given to higher qualification first over the age. However, within the same age group, higher qualification shall be considered on priority basis.

Experience : Fresher for Basic Weaving Training; 3 years for Weaving with Jacquard, Jalla & Dobby, Tie & Dye making and Weaving Training,

Age: Should be between 20 to 50 years.

(18 to 30 years for Basic Weaving Training).

Document Required:

5-Handloom weavers comprehensive welfare scheme

During the 12th plan, Development Commissioner for handloom had been implementing the Handloom Weavers Comprehensive (HWCWS) to enable the handloom weavers/workers to avail social security benefits .The scheme had two components namely(i)Health Insurance Scheme(HIS) which enabled weavers to access healthcare facility (ii)Mahatma Gandhi Bunakar Yojana (MGBBY) which provide insurance cover in case of natural death, accidental death, total disability as well as partial disability.

All handloom weavers/workers were provided health care facility through the Health Insurance Scheme (HIS), by the Ministry of Textiles till 30.09.2014. After that the HIS has been implemented on the Rashtriya Swasthya Bima Yojana (RSBY) present. The RSBY is being implemented by the Ministry of Health & Family Welfare (MOH&FW) and continued up to March, 2018. The inclusion of the RSBY, in the present guidelines, is only for the embracement of the committed liabilities of the Govt. of India up to 31.03.2018.

Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) and Pradhan Mantri Suraksha Bima Yojana (PMSBY) were launched by the Honourable Prime Minister on 9th May 2015 creating a universal and affordable social security system. While PMJJBY provides life insurance cover PMSBY provides accidental insurance cover for accidental death disability.

5A. PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA (PMJJBY)

The PMJJBY is an Insurance Scheme offering life insurance cover for death due to any reason. It would be a one year cover, Renewable on year to year basis.

ELIGIBILITY: All handloom weavers/workers in the age group of 18-50 Years.

5B. PRADHAN MANTRI SURAKSHA BIMA YOJANA (PMSBY)

ELIGIBILITY: All handloom weavers/workers in the age group of 18-50 Years.

Converged MAHATMA GANDHI BUNAKAR BIMA YOJANA (Converged MGBBY)

ELIGIBILITY: Handloom weavers /Workers in the group of 51-59 years, who were already enrolled under the MGBBY on 31.05.2017 will be eligible to get insurance cover, under this scheme. No new enrolment of weavers in the 51-59 years age group will be done under this scheme or after 01.06.2017. Thus number of beneficiaries under MGBBY will get reduced every year and will vanish after 9 years.

Documents Required:

1. Xerox copy of Adhar Card.
2. Xerox copy of weaver's Card.
3. Xerox copy of Bank Pass book with account numbers & IFSC Code.
4. Xerox copy of Nominee's Adhar Card.
5. Xerox copy of Nominee's Bank Pass book with account numbers & IFSC Code.
6. Phone number Of Weaver.

LIFE INSURANCE CORPORATION OF INDIA

CLAIM FORM

PART A and PART D should filled in Nodal Agency		
PART B and PART C should be filled by Nominee /Legal Heir/Claimant.		
PART A :Particular to be filled by Nodal Agency		
1	Policy No	
2	Name & Address of Nodal Agency,Telephone number of nodal agency	
3	Contact number-Mobile or Landline of nodal agency.	
4	e-mail address of Nodal Agency.	
PART B: Particulars of Insured Member		
1	Name and Address of the insured Member.	
2	Adhar Card Number/Biometric Card Number of the insured member.	
3	Name of Father/Husband of the insured member.	
4	Date of Death/Accident.	
5	Place of Death/Accident	
6	Date of birth of the insured member.	
7	Cause of death(if applicable)	
PART C: Particulars of the Nominee/Legal Heirs in absence of Nominee.		
1	Name & Full address of Nominee /Legal heirs in absence of Nomination (Claimant)	
2	Telephone or Mobile Number of Nominee/Legal heirs	
3	Email address if available, of Nominee /Legal heirs	
4	Relationship of claimant with the member	
5	Adhar Card/Biometric Card Number of the nominee/Legal heir.	
6	Bank Account Number of nominee /Legal heir of claim payment.	
7	Type of Account	
8	IFSC Code	
9	Name of the Bank & address	
Signature of Witness Name and address of witness		I here declare that the answers to all the above questions are true in every respect. Signature/Thumb Impression of Nominee/Legal Heir/Claimant
PART D: Particular to be filled by Nodal Agency		
01	Membership Number (Member ID)	
02	UC ID of the Member	

03	Whether member is converged to PMJJBY/PMSBY or new entrant (To decide applicability of lien clause in case of converged PMJJBY),(Answer not required for Converged MGBBY), Tick in appropriate box.	NEW ENTRANT CONVERGED MEMBER		
04	Whether deceased was earning member or head of the family (Tick in box provided)	Yes / No		
05	Whether deceased was living below poverty line or marginally above poverty (Tick in box provided)	Yes / No		

1. Certified that the replies to the above question given by claimant/nominee/legal heir in part B and Part C verified from our records and same are found correct as per our data base.
2. Replies given in Part A and D are correct and verified from our records.
3. Deceased had fulfilled eligibility criteria as per scheme rules. Claim is payable to the nominee/Legal heir/Claimant as per rules of the scheme.
4. Nominee named above is registered in database of Members insured under the scheme/Policy

Signature authorized signature of the nodal agency

Name. _____ Telephone number _____ Email ID _____

Address

Place:

Date:

Signature of nodal Agency

List of documents (as applicable) to be submitted along with claim form:

1. Attested * Death Certificate of the deceased member.
2. Attested * Photocopy of Adhar Card/Biometric Card of the deceased /insured member.
3. Attested* Photocopy of Adhar Card/Biometric Card of nominee/ Claimant.
4. Attested* photocopy of age proof of the deceased /insured member.

5. Duly attested * photocopy of Bank Passbook of the Claimant/Nominee/Legal/Legal Heir or cancelled cheque bearing the name of claimant /nominee/legal heir and IFSC Code of the branch of the bank.
6. Additional requirement in case of Accidental Death/Disability Claim: Attested* copy of FIR ,PMR ,Police inquest report, Police Final Report, Medical certificate from a Government Civil Surgeon or qualified Government Orthopedician certifying permanent total/ partial disability due to accident, stating loss of limbs of the member covered under the scheme.

Attestations/Certified by Notiat Agency

Declaration by the person filling in the form (in case form filled up is signed in a language different from that of the Claim form).

I here by declare that I have fully explained the above questions to the nominee/ Claimant and I have truthfully recorded the answers given by the nominee/Claimant.

Declarant's Name and Address

Signature of the Declarant.

I Certify that the contents of the form and documents have been explained to me by (name designation occupation) Mr/Mrs _____ and I have understood the significance of the contents of the claim.

Signature of the Claimant/Nominee/Legal Heir

In case the nominee /Claimants is illiterate his/her thumb impression should be attested by a person of standing whose identity can easily be established but unconnected with the corporation and this declaration should be made by him.

I her declare that I have fully explained the above questions and contents of this claim form to the nominee /Claimant in language and that the nominee/claimant has affixed the thumb impression above after fully understanding the contents thereof.

Name and Address of the

Declarant:

Signature of the Declarant Discharge Receipt to be signed by Claimant /Nominee/Legal Heir without Prejudice

DISCHARGE RECEIPT FROM CLAIMANT /NOMINEE/LEGAL HEIRS

I/we _____

Hereby acknowledge receipt from Life Insurance Corporation of India a sum of Rs _____

(Rupees _____ only) in full and final satisfaction and discharge of all our

claims under the scheme on the life of member resident of _____

Date at _____ this _____ day of _____ 20.

Signature/Thumb Impression of Claimant/Nominee/Legal Heir

Witnessed by

Signature of Authorized Official of Nodal Agency

Seal of the Nodal Agency

Designation: _____

6.BBSY