

SEAFARERS WELFARE FUND SOCIETY

SURVIVAL BENEFIT SCHEME

DETAILS OF THE 'SURVIVAL BENEFIT SCHEME' FOR THE NOMINEES OF THE DECEASED INDIAN SEAFARER, WHO DIED DURING OFF ARTICLE PERIOD.

1. Pursuant to the objects of the Seafarers' Welfare Fund Society (herein after referred to as the Society) as defined in Article 3(XV) of the Memorandum of Association of the Society, the nominee(s) of the Indian seafarer, as being eligible in terms of provisions of rule 3 herein below, may be granted the financial assistance under the 'Survival Benefit Scheme', on death of the **Indian** seafarer under the circumstances and to the extent detailed herein below.
2. Such financial assistance on death of an **Indian** seafarer shall be granted at the absolute discretion of the society and such financial assistance may be dispensed with and / or curtailed /enhanced, suspended or completely withdrawn at any time without any prior notice. The availability of such **financial assistance under the 'Survival Benefit Scheme'** to eligible **beneficiary(ies)** of deceased Indian seafarer, during off articulated period does not in any manner confer or create any prescriptive right whatsoever and shall not be called in question.
3. **Eligibility.**

The scheme is applicable to the **Indian** seafarers, **holding CDC book**, who are **last** recruited / engaged by the Indian shipowners or through registered RPS, for either Indian or foreign flag vessels, before their death.

The financial assistance under the 'Survival Benefit Scheme' on death of an **Indian** seafarer shall be paid to the eligible beneficiary(ies), of the **Indian** seafarer who has expired on or after 21.08.2014, **within off article period of 12 months (amended to 24 months w.e.f. 31/05/2022)** from the date of sign off from the last vessel/ship **as recruited/engaged above**. The eligible beneficiary(ies), will be as per the nomination(s) declared by the Indian seafarer with the last recruited Indian ship-owner or registered RPS company, as the case maybe during his/her employment, prior to his/her death., **failing which as per legal heir certificate issued by the competent authority.**
4. **Quantum.**

The quantum of financial assistance under this scheme shall be ₹.1, 00,000/- (₹One lakh only) to the eligible beneficiary (ies) of the **Indian** seafarer. **(Refer note given below)**
5. The Society may approach the Indian shipowners /registered RPS, company concerned and obtain such particulars as may be necessary for the purpose of payment of financial assistance envisaged under this scheme.
6. To receive the benefit under this scheme only such applications will be entertained which are submitted to Seafarers' Welfare Fund Society within a period of two years

upto 30/05/2022 and three years for death of seafarer which occurred on or after 31/05/2022 from the date of death of the **Indian** seafarer.

7. Application for financial assistance under this scheme is to be made in the prescribed form, along with attested copy of death certificate and original CDC book.
8. Notwithstanding anything contained herein above in all doubtful/disputed and/or exceptional cases, the Committee of Management **of the SWFS** may examine and decide the cases, on case to case basis, and its decision shall be final.

Note 1 : The amount of financial assistance has been enhanced to ₹. 2,00,000/- (Rupees Two lacs only) w.e.f. 16/03/2016 for those death cases of seafarer who has expired on or after 16.03.2016 within off article period of 12 months from the date of sign off from the last vessel/ship as recruited/engaged by Indian Shipping company or through RPSL company.

Note 2 : The amount of financial assistance has been enhanced to ₹. 4,00,000/- (Rupees Four Lacs only) w.e.f. 29/04/2024 for those death cases of seafarer who has expired on or after 29/04/2024, within off article period of 24 months from the date of sign off from the last vessel/ship as recruited/engaged by Indian Shipping company or through RPSL company.

SEAFARERS' WELFARE FUND SOCIETY

(Autonomous Body of Ministry of Ports, Shipping and Waterways Government of India)

Nau Bhavan Building, Ground Floor, R. K. Marg, Ballard Estate, Mumbai-400 001

T.No. 20826980, 22626981, Email-swfs1966@gmail.com

APPLICATION FORM FOR FINANCIAL ASSISTANCE UNDER 'SURVIVAL BENEFIT SCHEME'

(Please refer notes given below before submitting this application form.)

1. Seafarer's name in full : Mr./Mrs./Ms.: _____
(As per CDC Book)
2. CDC Number : _____
3. The name of the vessel last sign-off : _____ Date of sign-off: _____
4. Indian shipowners Co. name : _____
OR Recruitment & Placement : _____
Service (RPS) provider name : _____
& its Registration No. : _____
5. Applicant's name in full : _____
6. Relationship with seafarer : _____
7. Correspondence address Of the applicant : _____
8. Telephone No./Mobile No. : Tel. No. _____ Mobile o.: _____
(with STD code No.)

I, the undersigned, wish to inform you that my husband/wife/son/daughter /father/mother Mr./Mrs./Ms. _____
_____ expired on _____.

(Delete whichever is not applicable.)

I, now request you to grant me, the financial assistance under the 'Survival Benefit Scheme' as per SWF Society's rules as applicable for the scheme. I am submitting herewith following documents, to receive the claim under the scheme. I give below my Bank account details. **(Bank details are mandatory, without which the application will not be processed.)**

- (a) Attested copy of death certificate of the seafarer.
- (b) Original latest CDC book
- (c) Attested copy of any Identity proof of the applicant (i.e. PAN card/Voter's ID card/Aadhar Card/Indian passport etc.)

Details of the bank, where the financial assistance amount to be credited:

(Attach a legible copy of front page of Bank pass book of SB account, to verify the details.)

Name of the Bank	Branch Name	Branch Address	S.B. A/c.No.	Branch IFSC Code

(Note: Attach a legible copy of the front page of Bank pass book of SB account showing applicant's name, duly attested by the Branch Manager of the bank.)

I declare that, I am claiming this financial assistance on the strength of the documents submitted above, and at later date, if it is found, that I am not the actual beneficiary, or my claim was found dishonest, I undertake to refund the financial assistance in full to the SWF Society.

Place: _____
(Applicant's Signature/ Thumb Impression)

Date: _____ Name of Applicant: _____

Note:

- 1: The scheme is applicable only for Indian seafarers for cases of death on or after 21.08.2014.
- 2: The scheme is applicable to cases of death of seafarer within 24 months from the date of sign-off from the last vessel, as recorded in the Indian CDC Book.
- 3: The application for financial assistance should be received by the Society within three years period from the date of death of the seafarer.

FOR S.W.F.S. OFFICE USE ONLY

Application No. _____

Documents attached verified & the applicant found eligible/not eligible under 'Survival Benefit Scheme' for financial assistance of ₹. _____. (Rupees _____ Only)

Checked by D.A. Verified by (A.A.O.)

Recommended by (CAAO)

Approved by MT/MS.

INVALIDITY BENEFIT SCHEME

DETAILS OF THE 'INVALIDITY BENEFIT SCHEME' FOR THE INDIAN SEAFARER WHO BECOME PERMANENTLY UNFIT FOR SEAFARING PROFESSION DURING OFF ARTICLE PERIOD.

1. Pursuant to the objects of the Seafarers' Welfare Fund Society (herein after referred to as the Society) as defined in Article 3(XV) of the Memorandum of Association of the Society, the **Indian** seafarer, as being eligible in terms of provisions of rule 3 herein below, may be granted the financial assistance under the 'Invalidity Benefit Scheme', on becoming permanently unfit for seafaring profession under the circumstances and to the extent detailed herein below.

2. Such financial assistance to for the Indian seafarer, on becoming permanently unfit for seafaring profession shall be paid, at the absolute discretion of the society and such financial assistance, may be dispensed with and / or curtailed /enhanced, suspended or completely withdrawn at any time without any prior notice. The availability of such **financial assistance under the** 'Invalidity Benefit Scheme' to the eligible **Indian** seafarer, during off article period does not in any manner confer or create any prescriptive right whatsoever and shall not be called in question.

3. Eligibility.

The scheme, is applicable to the **Indian** seafarers, **holding CDC book**, and who are **last** recruited / engaged, by Indian ship-owners or through registered RPS, for either Indian or foreign flag vessels, before occurrence of an injury, due to which he/she became permanently unfit for seafaring profession.

The **financial assistance under the** 'Invalidity Benefit Scheme' shall be granted to the **Indian** seafarer, who has become permanently unfit, for the seafaring profession, due to an injury that occurred on or after 21.08.2014, during off article period of 12 months (amended to 24 month w.e.f. 31/05/2022), from the date of sign off from the last vessel/ship, as recruited/engaged above.

4. Quantum.

The quantum of financial assistance under this scheme shall be ₹.1,00,000/- (₹One lakh only) to the eligible **Indian** seafarer. (Refer Note given below.)

5. The Society may approach the Indian ship-owners /registered RPS, company concerned and obtain such particulars as may be necessary for the purpose of payment of financial assistance envisaged under this scheme.

6. To receive the benefit under this scheme only such applications will be entertained **which** are submitted to Seafarers' Welfare Fund Society within a period of **two** years upto 30/05/2022 and for accidental injury which occurred on or after 31/05/2022 the time limit has been increased to three years from the date of certificate issued by the DGS approved medical practitioner.

7. Application for financial assistance under this scheme is to be made in the prescribed form, along with the certificate issued by the DGS approved Medical Practitioner certifying the

Indian seafarer ‘Permanently Unfit’ for the seafaring profession due to injury, **copy of discharge card/certificate and medical report card issued by the hospital (where the said Indian seafarer was admitted for the treatment)** and original CDC Book.

8. Notwithstanding anything contained herein above in all doubtful/disputed and/or exceptional cases, the Committee of Management **of the SWF Society** may examine and decide, on case to case basis, and its decision shall be final.

Note 1: The amount of financial assistance has been enhanced to Rs. 200000/- (Rupees Two lacs only) w.e.f. 16/03/2016 for the seafarer, where the injury to the seafarer has occurred on or after 16.03.2016, within off article period of 12 months from the date of sign off from the last vessel/ship.

Note 1: The amount of financial assistance has been enhanced to Rs. 6,00,000/- (Rupees Six lacs only) w.e.f. 29/04/2024 for the seafarer, where the injury to the seafarer has occurred on or after 29/04/2024, within off article period of 24 months from the date of sign off from the last vessel/ship.

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SEAFARERS' WELFARE FUND SOCIETY.

NOU BHAVAN, GROUND FLOOR, R.KAMANI MARG,
BALLARD ESTATE, MUMBAI-400 001

APPLICATION FORM FOR FINANCIAL ASSISTANCE UNDER 'INVALIDITY BENEFIT SCHEME'.

(Please refer notes given below before submitting this application form.)

Seafarer's name in Full (As per CDC Book)	Mr./Mrs./Ms.
CDC Book Number	
Indian shipowners Co. name OR Recruitment & Placement Service (RPS) provider Name & Regn. No	
The name and date of the vessel last sign-off	
Correspondence address	
Telephone No. (with STD Code) / Mobile No.	Tel. No. _____ Mobile No. _____

I, the undersigned, have become **PERMANENTLY UNFIT**, for seafaring profession due to an accidental injury which took place on _____.

I now request you to grant me, financial assistance under the 'Invalidity Benefit Scheme', as per SWF Society's rules as applicable for the scheme. I am submitting herewith following documents, to receive the claim under the scheme. I give below my Bank account details. **(Bank details are mandatory, without which the application will not be processed.)**

Sr. No.	Document
1	Original latest Indian CDC Book of the Indian seafarer showing last sign-off vessel name and date.
2	Attested copy of latest Indian CDC Book
3	Original certificate issued by the DGS approved Medical Practitioner certifying the Indian seafarer "Permanently Unfit" for the seafaring profession due to injury.
4	Attested copy of discharge card/certificate and medical report card issued by the hospital (where the Indian seafarer was admitted for the treatment.)

Details of the bank, where the financial assistance amount to be credited (mandatory)

Name of the bank	Branch name	Branch address	S.B. A/c no.	Branch IFSC code

(Note: Please attach a legible copy of the Front page of Bank Pass Book of SB Account showing applicant's name, duly attested by the Branch Manager of the Bank.)

I declare that I am claiming this financial assistance on the strength of the documents submitted as above, and at later date if it is proved that I am not Permanently Unfit for seafaring profession or my claim was found fraudulent, I undertake to refund the financial assistance in full to the SWF Society and also authorize the SWF Society to recover the same from me from my any source of Income.

Place: _____
(Applicant's Signature/ Thumb Impression)

Date: _____

Name of Applicant: _____

Note 1: This scheme is applicable only for Indian seafarers, holding CDC book and effective from 21.08.2014 & hence date of injury should be on or after 21.08.2014.

Note 2: The date of injury of seafarer should be within 24 months period from the date of sign-off from the last vessel as recorded in the Indian CDC Book.

Note 3: The application for financial assistance should receive by the Society within three years period from the date of certificate issued by the DGS approved medical practitioner.

FOR S.W.F.S. OFFICE USE ONLY

Application No. _____

Documents attached verified & the applicant found eligible/not eligible under Invalidity benefit scheme for financial assistance of ₹. _____. (₹. _____ only)

Checked by D.A.

Verified by (A.A.O.)

Recommended by (CAAO)

Approved by MT/MS

SEAFARERS' WELFARE FUND SOCIETY.

DETAILS OF THE 'MATERNITY BENEFIT SCHEME' FOR THE INDIAN FEMALE SEAFARER.

1. Pursuant to the objects of the Seafarers' Welfare Fund Society (herein after referred to as the Society) as defined in Article 3(XV) of the Memorandum of Association of the Society, the *Indian female* seafarer, as being eligible in terms of provisions of rule 3 herein below, may be granted the financial assistance under the 'Maternity Benefit Scheme', under the circumstances and to the extent detailed herein below.

2. Such financial assistance under the 'Maternity Benefit Scheme' to the *Indian female* seafarer, shall be paid at the absolute discretion of the society and such financial assistance may be dispensed with and / or curtailed /enhanced, suspended or completely withdrawn at anytime without any prior notice. The availability of *such financial assistance under the 'Maternity Benefit Scheme'* to eligible *Indian female* seafarer, during off article period, does not in any manner confer or create any prescriptive right whatsoever and shall not be called in question.

3. Eligibility. The scheme is applicable to *those Indian female* seafarers, *holding CDC book*, who are *last* recruited / engaged by the Indian shipowners or through registered RPS, for either Indian or foreign flag vessels, before the delivery date.

The *financial assistance under* the 'Maternity Benefit Scheme' shall be granted to the *Indian female* seafarer, for delivery, on or after 21.08.2014, within off articulated period of 60 months, from the last sign-off from ship.

Such *financial* assistance shall be paid, only for two deliveries, to the eligible *Indian female* seafarer.

4. Quantum. The quantum of financial assistance under this scheme shall be ₹.25,000/- (₹Twenty five thousands only) to the eligible *Indian female* seafarer, restricted to maximum of two deliveries.

5. The Society may approach the Indian ship-owners /registered RPS Company concerned and obtain such particulars as may be necessary for the purpose of payment of financial assistance envisaged under this scheme.

6. To receive the *financial assistance* under this scheme, only such applications will be entertained, *which* are submitted to the Seafarers' Welfare Fund Society, within a period of *two* years, from the date of delivery.

7. Application for financial assistance under this scheme is to be made in the prescribed form, along with attested copy of Birth Certificate of the Child/ report of the medical practitioner and original CDC Book.

8. Notwithstanding anything contained herein above in all doubtful/disputed and/or exceptional cases, the Committee of Management *of the SWF Society* may examine and decide on case to case basis, and its decision shall be final.

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SEAFARERS' WELFARE FUND SOCIETY

Nou Bhavan, Ground Floor, 10, R.K. Marg, Ballard Estate, Mumbai-400 001

Application form for Financial Assistance under 'Maternity Benefit Scheme'

(Please refer notes given below before submitting this application form.)

Indian woman Seafarers' Name in full (As per her CDC Book)	Mrs./Ms.
Indian CDC Book number	
Indian ship-owners co. name or Recruitment & Placement Service (RPS) provider Name & Regn. No.	
The Name of the Vessel last signed off & sign-off date.	
The date of delivery	
Correspondence address	
Contact No. & email-id	

I, the undersigned, has undergone pregnancy delivery which took place on _____.

I now request you to grant me, financial assistance under the 'Maternity Benefit Scheme', as per SWF Society's rules as applicable for the scheme. I am submitting herewith following documents, to receive the claim under the scheme. I give below my bank account details (Bank details are mandatory, without which the application will not be processed).

Sr. No.	Documents
1	Attested copy of birth Certificate of Child
2	Original latest Indian CDC Book of the Indian woman seafarer showing last sign-off vessel and date
3	Attested copy of latest Indian CDC Book

Details of the bank, where the financial assistance amount to be credited (mandatory)				
Name of the bank	Branch name	Branch address	S.B. A/c no.	Branch IFSC code

(Note: Please attach a legible copy of the front page of Bank pass book of SB account showing applicant's name, duly attested by the Branch Manager of the bank.)

I declare that I am claiming this financial assistance on the strength of the documents submitted as above, and at later date if it is proved that I was not eligible, I undertake to refund the financial assistance received from SWFS, in full to the SWF Society and also authorize the SWF Society to recover the same from me from my any source of Income.

Place: _____

Date: _____

(Applicant's Signature/ Thumb Impression)
Name of Applicant: _____

Note 1: This scheme is applicable only for Indian woman seafarer holding CDC book and is effective from 21.08.2014 & hence date of pregnancy delivery should be on or after 21.08.14. The financial assistant under this scheme is restricted only for two pregnancy deliveries.

Note 2: The date of pregnancy delivery should have taken place within sixty months from the date of sign- off from the last vessel as recorded in the Indian CDC Book.

Note 3: The application for financial assistance should receive by the Society within two years period from the date of birth of the child.

FOR S.W.F.S. OFFICE USE ONLY

Application No. _____

Documents attached verified & the applicant found eligible/not eligible under Maternity benefit scheme for financial assistance of ₹. _____.(Rupees _____ only)

Checked by D.A. Verified by (A.A.O.) Recommended by (CAAO) approved by MT/MS.

FAMILY BENEFIT WELFARE SCHEME

DETAILS OF THE "FAMILY BENEFIT WELFARE SCHEME" FOR THE INDIAN SEAFARERS WITH EFFECT FROM 01.01.2019.

1. Pursuant to the objects of the Seafarers' Welfare Fund Society (hereinafter referred to as the Society) as defined in Article 3(XV) of the Memorandum of Association of the Society, the Indian seafarer as being eligible in terms of provisions of the rule 3 herein below, may be provided the financial assistance under "FAMILY BENEFIT WELFARE SCHEME " from 1st January 2019 under the circumstances and to the extent detailed herein below.
2. Such financial assistance to the Indian seafarer shall be provided, for the successful completion of Pre-sea training course or Post-graduation degree/diploma as given below, by their son/daughter. At the absolute discretion of the society such financial assistance, may be dispensed with and / or curtailed or enhanced, suspended or completely withdrawn at any time without any prior notice. The availability of such financial assistance under the "Family Benefit welfare scheme" to the eligible Indian seafarer does not in any manner confer or create any prescriptive right whatsoever and shall not be called in question.
3. Such financial assistance shall be provided to the Indian seafarer-
 - (a) Whose son/daughter successfully completes the Pre-sea training course (GP rating/CCMC/Deck & Engine Cadet including ETO), on or after 1.1.2019, from the Institute approved by the Directorate General of Shipping, Govt. of India and obtains the Indian CDC for joining seafaring profession.
 - (b) Whose son/daughter successfully completes two years full-time post-graduation degree/diploma in any discipline other than Maritime stream, on or after 1.1.2019, from duly approved University by UGC/Deemed University/AICTE approved institute.
4. Eligibility: The scheme is applicable to the Indian seafarer, who fulfils all the following conditions and is restricted to two children only.
 - (i) He / She should have cumulative 6 months sea service after 01 .04.2014, preceding five years from the date of submission of claim application.
 - (ii) He / She should have joined Indian flag vessel or engaged through registered RPS License holding company on Indian or Foreign flag vessel; and
 - (iii) He / She should have an Indian CDC.
5. **Quantum :** The quantum of financial assistance under this scheme shall be as under.
 - (a) Where Indian Seafarer's son/daughter completes the Pre-sea training course & obtains the Indian CDC, the financial assistance under this scheme shall be Rs.25,000/- (Rupees Twenty five Thousand Only) in respect of son & Rs.50,000/- (Rupees Fifty Thousand Only) in respect of daughter and it will be provided to the seafarer.
 - (b) Where Indian Seafarer's son/daughter completes the two years full time post-graduation degree/diploma course in any discipline other than Maritime stream, the financial assistance under this scheme shall be Rs.10,000/- (Rupees Ten Thousand Only) in respect of son & Rs.15,000/- (Rupees Fifteen Thousand Only) in respect of daughter and it will be provided to the seafarer.
6. The Society may approach the Indian ship-owners/registered RPS Company concerned to obtain such particulars as may be necessary, for the purpose of payment of financial assistance envisaged under this scheme.
7. To receive the benefit under this scheme only such applications will be entertained which are submitted to the Seafarers' Welfare Fund Society within a period of twelve months after completion of course.
8. Application for financial assistance under this scheme is to be made in the prescribed form along with self - attested copy of latest CDC book & copies of certificates.

9. Notwithstanding anything contained herein above in all doubtful/disputed and/or exceptional cases, the Committee of Management of the SWFS may examine and decide the cases, on case to case basis and its decision shall be final.

SEAFARERS' WELFARE FUND SOCIETY.

NAU BHAVAN, GROUND FLOOR, R,KAMANI MARG, BALLARD ESTATE, MUMBAI-400 001

APPLICATION FORM FOR FINANCIAL ASSISTANCE UNDER 'FAMILY BENEFIT SCHEME'

(ON COMPLETION OF POST-GRADUATE DEGREE/DIPLOMA COURSE BY SON / DAUGHTER)
(Please refer notes given on next page before submitting this application form.)

- 1 Seafarer's name in full :Mr./Mrs./Ms. _____
(As per CDC Book)
- 2 CDC number : _____
3. Name of Son/Daughter
(for whom claim submitted) : _____
- 4 Post-Graduation Degree/Diploma
Obtained (Two years Full time course) : _____
- 5 Name of University/Institute : _____
- 6 Date of completion of course : _____
- 7 The Name of the vessel last
Sign-off by the seafarer : Date of sign-off _____
- 8 Indian ship-owners Co. name : M/s. _____
OR Recruitment & Placement
Service (RPS) provider name
RPSL No. & it's Registration No. _____
- 9 Correspondence address : _____

- 10 Telephone No/Mobile No. : _____
- 11 E-mail address : _____

I, wish to inform you that my son / daughter Mr./Ms _____ has successfully completed the _____ (name of the two years full time Post-graduate Degree/Diploma course) form _____ (name of University / Deemed University approved by UGC/Institute approved by AICTE).

I now request you to grant me, the financial assistance under the 'Family Benefit Scheme' SWF Society's rules as applicable for the scheme. I am supporting herewith following document, to receive the claim under the scheme.

- (a) Self - attested copy of latest CDC book (of the applicant seafarer).
- (b) Self -attested copy of the Certificate issued by the University / Institute, which is approved by UGC / AICTE, along with the copy of mark sheet.

P.T.O.....2.....

I give below my Bank account details. (Bank details are mandatory, without which the application will not be processed.)

Details of the bank, where the financial assistance amount to be credited (mandatory) :

Name of the bank	Branch Name	Branch address	S.B. A/c no.	Branch IFSC code

(Note: Attach a legible copy of the front page of Bank pass book of SB account Or original cancelled cheque showing applicant's name and bank details)

I declare that I am claiming this financial assistance on the strength of the documents submitted as above, and at later date, if it is proved, that I am not the actual beneficiary, or my claim was found dishonest, I undertake to refund the financial assistance in full to the SWF Society.

Place : _____

Date : _____

(Applicant's Signature or Thumb Impression)

Name of Applicant : _____

Note 1: This scheme is applicable only for Indian seafarers, whose son/daughter successfully completed the two years post graduate degree / diploma course on or after 1.1.2019 from the UGC approved University / AICTE approved Institute.

Note 3: The applicant seafarer should have Indian CDC and has performed cumulative six months sea service after 1.4.2014, preceding five years from the date of submission of claim application, form India flag vessel or engaged through registered RPS License holding company on Indian / Foreign Flag vessel.

Note 2: The application for financial assistance should be received by the Society within twelve months period from the date of successful completion of course.

FOR S.W.F.S. OFFICE USE ONLY

Application No. _____

Documents attached verified and the applicant found eligible / not eligible under 'Family Benefit Scheme' for financial assistance of Rs. _____. (Rs. _____ only)

Checked by D.A. **Verified by (A.A.O.)** **Recommended by (CAAO)** **Approved by MT/MS.**

SEAFARERS' WELFARE FUND SOCIETY.

NAU BHAVAN, GROUND FLOOR, R,KAMANI MARG, BALLARD ESTATE, MUMBAI-400 001

**APPLICATION FORM FOR FINANCIAL ASSISTANCE UNDER
'FAMILY BENEFIT SCHEME'**

(ON COMPLETION OF PRE-SEA TRAINING COURSE BY SON / DAUGHTER OF SEAFARER)

(Please refer notes given on next page before submitting this application form.)

- 1 Seafarer's name in full : Mr./Mrs./Ms. _____
(As per CDC Book) _____
- 2 CDC number : _____
3. Name of Son/Daughter : _____
(for whom claim submitted) _____
- 4 Pre-Sea training course & : _____
Institute Name _____
- 5 Date of completion of course : _____
- 6 CDC No. of son/daughter : _____
- 7 The Name of the vessel last : _____
Sign-off by the seafarer : Date of sign-off _____
- 8 Indian ship-owners Co. name : M/s. _____
Or Recruitment Service _____
Provider (RPS)name _____
& it's Registration No. _____
- 9 Correspondence address : _____
- 10 Telephone No/Mobile No. : _____
- 11 E-mail address : _____

I, the undersigned, wish to inform you that my son / daughter has completed the Pre-sea training course on _____ and obtained Indian CDC No. _____ on _____.

I now request you to grant me, the financial assistance under the 'Family Benefit Scheme' SWF Society's rules as applicable for the scheme. I am supporting herewith following document, to receive the claim under the scheme.

- (a) Self - attested copy of latest CDC book (of the applicant seafarer).
- (b) Self -attested copy of the Certificate for completion of Pre-sea training course, issued by the Institute, which is approved by the Directorate General of Shipping.
- (c) Self-attested copy of the Indian CDC Book obtained by the Seafarer's son/daughter.

p.t.o...2

I give below my Bank account details. (Bank details are mandatory, without which the application will not be processed.)

Details of the bank, where the financial assistance amount to be credited (mandatory):

Name of the bank	Branch Name	Branch address	S.B. A/c no.	Branch IFSC code

(Note: Attach a legible copy of the front page of Bank pass book of SB account Or original cancelled cheque showing applicant's name and bank details)

I declare that I am claiming this financial assistance on the strength of the documents submitted as above, and at later date, if it is proved, that I am not the actual beneficiary, or my claim was found dishonest, I undertake to refund the financial assistance in full to the SWF Society.

Place : _____

Date : _____

(Applicant's Signature or Thumb Impression)

Name of Applicant : _____

Note 1: This scheme is applicable only for Indian seafarers, whose son/daughter has successfully completed the pre-sea training course on or after 1.1.2019 from the DGS approved Institute and obtained the Indian CDC for pursuing the seafaring profession.

Note 2: The application for financial assistance should be received by the Society within twelve months period from the date of successful completion of course.

FOR S.W.E.S. OFFICE USE ONLY

Application No. _____

Documents attached verified and the applicant found eligible / not eligible under 'Family Benefit Scheme' for financial assistance of Rs. _____. (Rs. _____ only)

Checked by D.A. **Verified by (A.A.O.)** **Recommended by (CAAO)** **Approved by MT/MS.**

OLD AGE BENEFIT

DETAILS OF THE “OLD AGE BENEFIT” WELFARE SCHEME FOR THE INDIAN SEAFARER WHO ATTAINS THE AGE OF 65 YEARS ON 1.1.2019 OR THEREAFTER.

1. Pursuant to the objects of the Seafarers’ Welfare Fund Society (hereinafter referred to as the Society) as defined in Article 3 (XV) of the Memorandum of Association of the Society, the Indian seafarer as being eligible in terms of provisions of the rule 3 herein below, may be provided the financial assistance under “OLD AGE BENEFIT” welfare scheme” to the Indian seafarer who attains the age of 65 years on 1st January 2019 or thereafter under the circumstances and to the extent detailed herein below.
2. Such financial assistance to the Indian seafarer on attaining 65 years on 1st January 2019 or thereafter shall be provided. At the absolute discretion of the society such financial assistance, may be dispensed with and / or curtailed or enhanced, suspended or completely withdrawn at any time without any prior notice. The availability of such financial assistance under the “Old Age Benefit” welfare scheme to the eligible Indian seafarer does not in any manner confer or create any prescriptive right whatsoever and shall not be called in question
3. **Eligibility**
The scheme is applicable to Indian seafarer who attains the age of 65 (sixty five) years on 1st January 2019 or thereafter and fulfills all the following conditions:
 - (i) He / She should have last performed cumulative 6 months (six months) sea service after 01.04.2014 after the age of 55 years;
 - (ii) He / She should have joined Indian flag vessel or engaged through registered RPS License holding company on Indian or Foreign flag vessels and
 - (iii) He / She should have an Indian CDC, which has been duly cancelled.
4. **Quantum”**
The quantum of financial assistance under this scheme shall be Rs. 50,000/- (Rupees Fifty Thousand Only) to the eligible Indian seafarer.
5. The Society may approach the Indian ship-owner / registered RPS company concerned to obtain such particulars as may be necessary, for the purpose of payment of financial assistance envisaged under this scheme.
6. To receive the benefit under this scheme only such applications will be entertained which are submitted to the Seafarers’ Welfare Fund Society within a period of twelve months after attaining the age of sixty five years.
7. Application for financial assistance under this scheme is to be made in the prescribed form along with original latest CDC book.
8. Notwithstanding anything contained herein above in all doubtful / disputed and / or exceptional cases, the Committee of Management of the SWFS may examine and decide the cases, on case to case basis and its decision shall be final.

SEAFARERS' WELFARE FUND SOCIETY.

NAU BHAVAN, GROUND FLOOR, R,KAMANI MARG, BALLARD ESTATE, MUMBAI-400 001

**APPLICATION FORM FOR FINANCIAL ASSISTANCE UNDER
OLD AGE BENEFIT SCHEME'**

(Please refer notes given on next page before submitting this application form.)

- 1 Seafarer's name in full : Mr./Mrs./Ms. _____
(As per CDC Book)
- 2 CDC number & CDC Cancellation : _____
order no & date
- 3 Date of Birth as per CDC : _____
- 4 The name of the vessel last : _____
sign-off
Date of sign-off _____
- 5 Indian ship-owners Co. name : _____
OR Recruitment & Placement M/s. _____
Service (RPS) provider name
RPSL No. & it's Registration No. : _____
- 6 Correspondence address : _____
- 7 Telephone No/Mobile No. : _____
- 8 E-mail address : _____

I, the undersigned, wish to inform you that I have completed by 75 years (Seventy five Years) of age on _____

I now request you to grant me, the financial assistance under the 'old Age Benefit Scheme' SWF Society's rules as applicable for the scheme. I am supporting herewith following document, to receive the claim under the scheme.

- (d) Original latest CDC book / Self – attested copy of CDC Book.
(e) CDC Cancellation order copy.

P.T.O.....2.....

I give below my Bank account details. (Bank details are mandatory, without which the application will not be processed.)

Details of the bank, where the financial assistance amount to be credited (mandatory) :

Name of the bank	Branch Name	Branch address	S.B. A/c no.	Branch IFSC code

(Note: Attach a legible copy of the front page of Bank pass book of SB account Or original cancelled cheque showing applicant's name and bank details)

I declare that I am claiming this financial assistance on the strength of the documents submitted as above, and at later date, if it is proved, that I am not the actual beneficiary, or my claim was found dishonest, I undertake to refund the financial assistance in full to the SWF Society.

Place : _____

Date : _____

(Applicant's Signature or Thumb Impression)

Name of Applicant :

Note 1: This scheme is applicable only for Indian seafarers, holding Indian CDC and has completed his/her 65 years of age on or after 1st January, 2019 and has last performed cumulative six months sea service after 1.4.2014 after the age of 55 years.

Note 2: The application for financial assistance should be received by the Society within a period of twelve months after attaining the age of sixty five years.

FOR S.W.F.S. OFFICE USE ONLY

Application No. _____

Documents attached verified and the applicant found eligible / not eligible under ' Old Age Benefit Scheme' for financial assistance of Rs. _____. (Rs. _____ only)

Checked by D.A. **Verified by (A.A.O.)** **Recommended by (CAAO)** **Approved by MT/MS.**

AZADI KA AMRUT MAHAOSTAV SCHEME FOR SPOUSES OF DECEASED SEAFARERS.

DETAILS OF THE WELFARE SCHEME ON THE OCCASION OF CELEBRATION OF “AZADI KA AMRUT MAHOTSAV” FOR PROVIDING ONE TIME FINANCIAL ASSISTANCE TO THE SPOUSES OF DECEASED SEAFARERS.

1. Pursuant to the objects of the Seafarers’ Welfare Fund Society (herein after referred to as the Society) as defined in Article 3(xv) of the Memorandum of Association of the Society, the spouse of the deceased seafarer as being eligible in terms of provisions of Rule 3 herein below, shall be provided the one time financial assistance on the occasion of Celebration of “Azadi ka Amrut Mahotsav” and to the extent detailed herein below.
2. Such assistance to spouses of deceased seafarers on the occasion of Celebration of “Azadi ka Amrut Mahotsav” shall be granted at the absolute discretion of the Society and the Financial Assistance may be dispensed with and / or curtailed or enhanced, suspended or completely withdrawn at any time without any prior notice or without assigning any reason whatsoever. The availability of such assistance under this welfare scheme shall be granted to the eligible spouse of deceased seamen as per Rule 3 of this Scheme for the ‘Amrut Kaal’ period i.e. from **26/01/2024 to 25/01/2025** and does not in any manner confer or create any prescriptive right whatsoever and shall not be called in question in any court of law by any spouse or beneficiary.
3. **Eligibility:** This one-time special welfare scheme is only for the spouses of deceased Indian seafarers holding Indian CDC. (children/parents, whether dependent or not are not covered/eligible to apply under this scheme) The applications for this scheme will be accepted from the spouses during the Amrut Kaal period i.e. from **26/01/2024 to 25/01/2025** only as per prescribed format. No applications will be accepted or shall be considered which are received on or after **26/01/2025** for this scheme and not as per prescribed format. **This benefit is only for the spouses of deceased seafarers who had received the one-time lump-sum financial assistance under (a) the MEMA welfare scheme, (b) the spouse of deceased seafarer who received the one-time lump sum amount for discontinuation of MEMA i.e. after getting the MEMA one-time lump sum benefit, the seafarer expired (c) only spouses who received the Death benefits under Survival Benefit Scheme (d) Ex-gratia Assistance Scheme (e) COVID-19 death Assistance scheme (for death of seafarer due to COVID) from this Society (f) those eligible spouses whose claims were not considered due to delay in submission of applications under Survival Benefit Scheme.**
4. **Quantum:** The quantum of financial assistance under this scheme shall be Rs.25,000/- (Rupees Twenty Five Thousand Only) which will be remitted only to the eligible spouse beneficiary. To receive the benefit under this scheme only such applications will be considered which are submitted to the Seafarers’ Welfare Fund Society during **26/01/2024 to 25/01/2025** as per prescribed format.
5. Application for financial assistance under this scheme is to be made in the prescribed form along with self-attested xerox copies of (i) CDC book showing deceased seafarer’s name, photo, CDC No. (ii) Death certificate of deceased seafarer, (iii) Applicant’s bank pass book indicating name of applicant, Banks’s branch name and addresses, Account Number, IFSC code etc., (iv) ID proof of applicant i.e. any of this: Adhar Card or Pan Card, (v) declaration on stamp paper of ₹.100/- declaring that the applicant has not remarried after the death of seafarer till date.
6. Notwithstanding anything contained herein above in all doubtful/disputed and/or exceptional cases, the Committee of Management of the SWFS may examine and decide the cases, on case to case basis and its decision shall be final.

नाविक कल्याण निधि सोसायटी
SEAFARERS' WELFARE FUND SOCIETY.

नौ भवन, भूतल, आर,कमानी मार्ग, बैलार्ड एस्टेट, मुंबई-400 001.
NAU BHAVAN, GROUND FLOOR, R,KAMANI MARG, BALLARD ESTATE, MUMBAI-400 001

“आजादी का अमृत महोत्सव” के उत्सव के अवसर पर मृत नाविक के पत्नी के लिए योजना।
The scheme for spouse of deceased seafarer on the occasion of celebration of “Azadi ka Amrut Mahotsav”.
(कृपया इस आवेदन पत्र को जमा करने से पहले अगले पृष्ठ पर दिए गए नोट्स देखें।)
(Please refer notes given on next page before submitting this application form.)

1. आवेदक का पूरा नाम Applicant's name in full	
2. नाविक का नाम पूर्ण रूप से (सीडीसी बुक के अनुसार) Seafarer's name in full (As per CDC Book)	
3. नाविक का भारतीय सीडीसी नंबर. Seafarer's Indian CDC No.	
4. मृत्यु प्रमाण पत्र के अनुसार नाविक की मृत्यु की तारीख Seafarer's Date of Death as per death certificate	
5. अंतिम पोत का नाम और इसकी यात्रा अवधि The name of the last vessel and it's voyage period	पोत का नाम / Vessel name _____ नियुक्ति Sign on _____ उन्मोचन sign off _____
6. भारतीय पोत मालिक कंपनी का नाम या भर्ती और नियोजन सेवा प्रदाता) आरपीएस (का नाम Indian ship-owners Co. name or Recruitment & Placement Service (RPS) provider name	
7. पत्राचार का पता Correspondence address	
8. मोबाइल नंबर। Mobile No.	
9. ई-मेल पता E-mail address	

मैं आपसे अनुरोध करती हूँ कि मुझे “आजादी का अमृत महोत्सव” के अंतर्गत नाविक कल्याण निधि सोसायटी के नियमों के अनुसार इस योजना के लिए लागू नियमों के अनुसार एकबारगी वित्तीय सहायता प्रदान की जाए।

I request you to grant me, the financial assistance under the “AZADI KA AMRUT MAHOTSAV” ONE TIME FINANCIAL ASSISTANCE TO THE -SPOUSES OF DECEASED SEAFARERS SCHEME 'as per SWF Society's rules as applicable for the scheme.

मैं विधिवत स्व-सत्यापित योजना के तहत दावा प्राप्त करने के लिए निम्नलिखित दस्तावेज का समर्थन कर रही हूँ।

I am supporting herewith following document, to receive the claim under the scheme duly self-attested by me.

(i)सीडीसी पुस्तक की प्रति दिखाते हुए -मृत नाविकों का नाम, फोटो और सीडीसी नंबर (ii) ,मृत नाविक का मृत्यु प्रमाण पत्र , (iii)केवल एकल खाते की बैंक पासबुक की प्रति जिसमें आवेदक का नाम, बैंक की शाखा का नाम और पता, खाता संख्या, आईएफएससी कोड आदि दर्शाया गया है, (v)आवेदक का क्षतिपूर्ति दस्तावेज प्रमाण यानी इनमें से कोई भी :आधार कार्ड या पैन कार्ड (vi) & ₹ -/100के स्टाम्प पेपर पर घोषणा कि आवेदक ने नाविक की मृत्यु के बाद आज तक पुनर्विवाह नहीं किया है।

(i) Copy of CDC book showing deceased seafarers' name, photo and CDC No. (ii) Death certificate of deceased seafarer, (iii) copy of bank pass book of single account only indicating therein the name of applicant, Banks's branch name and addresses, Account Number, IFSC code etc., (iv) Identity document proof of applicant i.e. any of this: Adhar Card or Pan Card, (v) original declaration on stamp paper of ₹.100/- that the applicant has not remarried after the death of seafarer till date.

मैं नीचे अपने बैंक खाते का विवरण देती हूँ। (बैंक विवरण अनिवार्य हैं, जिसके बिना आवेदन संसाधित नहीं किया जाएगा। बैंक का विवरण, जहां वित्तीय सहायता राशि जमा की जानी है (अनिवार्य) :

I give below my Bank account details. (Bank details are mandatory, without which the application will not be processed.)

Details of the bank, where the financial assistance amount to be credited (mandatory):

बैंक का नाम Name of the bank	शाखा का नाम Branch Name	शाखा का पता Branch address	बचत बैंक खाता संख्या/S.B. A/c no.	शाखा IFSC कोड Branch IFSC code

(कृपया ध्यान दें: बचत बैंक खाते की बैंक पासबुक के पहले पृष्ठ की एक सुपाठ्य प्रति संलग्न करें या आवेदक का नाम और बैंक विवरण दिखाते हुए मूल रद्द चेक)

(Note: Attach a legible copy of the front page of Bank pass book of SB account or original cancelled cheque showing applicant's name and bank details)

मैं घोषणा करती हूँ कि मैं उपरोक्त प्रस्तुत दस्तावेजों के आधार पर इस वित्तीय सहायता का दावा कर रही हूँ, और बाद की तारीख में, यदि यह साबित हो जाता है, कि मैं वास्तविक लाभार्थी नहीं हूँ, या मेरा दावा बेईमान पाया गया है, तो मैं एसडब्ल्यूएफ सोसाइटी को पूरी तरह से वित्तीय सहायता वापस करने का वचन देती हूँ।

I declare that I am claiming this financial assistance on the strength of the documents submitted as above, and at later date, if it is proved, that I am not the actual beneficiary, or my claim was found dishonest, I undertake to refund the financial assistance in full to the SWF Society.

स्थान Place: _____

दिनांक Date: _____

(आवेदक के अंगूठे का निशान) (Applicant's Signature or Thumb Impression)

(The thumb impression must be attested by the Manager of the Bank with which account is held)

अंगूठे के निशान को उस बैंक के प्रबंधक द्वारा सत्यापित किया जाना चाहिए जिसके साथ खाता रखा गया है।

आवेदक का नाम Name of Applicant : _____

Note 1: यह एक बार की विशेष कल्याण योजना केवल भारतीय सीडीसी धारण करने वाले मृत भारतीय नाविकों के जीवनसाथी के लिए है (बच्चे / माता-पिता चाहे आश्रित हों या नहीं इस योजना के तहत आवेदन करने के लिए शामिल / पात्र नहीं हैं)

This one-time special welfare scheme is only for the following spouses of deceased Indian seafarers holding Indian CDC (**children/parents whether dependent or not are not covered/eligible to apply under this scheme**)

Note 2: यह लाभ मृत नाविकों के पति/पत्नी के लिए है, जिन्होंने (क) एमईएमए कल्याण योजना के तहत एकमुश्त वित्तीय सहायता प्राप्त की थी, (ख) मृत नाविक के पति या पत्नी जिन्हें एमईएमए बंद करने के लिए एकमुश्त राशि प्राप्त हुई थी अर्थात् एमईएमए एकमुश्त लाभ प्राप्त करने के बाद, नाविक की मृत्यु हो गई (ग) उत्तरजीविता लाभ योजना के तहत मृत्यु लाभ (घ) अनुग्रह सहायता योजना (।ई) कोविड-19 मृत्यु सहायता योजना (कोविड के कारण नाविक की मृत्यु के लिए) (च) वे पात्र पति/पत्नी जिनके दावों पर उत्तरजीविता लाभ योजना के अंतर्गत आवेदन प्रस्तुत करने में विलंब के कारण विचार नहीं किया गया।

This benefit is for the spouses of deceased seafarers who had received the one-time lump-sum financial assistance under (a) the MEMA welfare scheme, (b) the spouse of deceased seafarer who received the one-time lump sum amount for discontinuation of MEMA i.e. after getting the MEMA one-time lump sum benefit, the seafarer expired (c) the nominee spouses who received the Death benefits under Survival Benefit Scheme (d) Ex-gratia Assistance on Death Scheme (e) COVID-19 death Assistance scheme (for death of seafarer due to COVID) of the SWFS (f) those eligible spouses whose claims were not considered due to delay in submission of applications under Survival Benefit Scheme.

Note 2: इस योजना के लिए आवेदन अमृत काल अवधि के दौरान यानी 26/01/2024 से 25/01/2025 तक ही मृत भारतीय नाविकों के जीवनसाथी से स्वीकार किए जाएंगे। इस योजना के लिए 26/01/2025 को या उसके बाद प्राप्त होने वाले किसी भी आवेदन को स्वीकार नहीं किया जाएगा या विचार नहीं किया जाएगा।

The applications for this scheme will be accepted from the above referred spouses during the Amrut Kaal period i.e. **from 26/01/2024 to 25/01/2025 only**. No applications will be accepted or shall be considered which are received on or after 26/01/2025 for this scheme

FOR S.W.F.S. OFFICE USE ONLY

Application No. _____

संलग्न दस्तावेजों की पुष्टि की गई और आवेदक को 'आजादी का अमृत महोत्सव के तहत पात्र या अयोग्य पाया गया, मृतक नाविकों के जीवनसाथी को 25,000 रुपये केवल पच्चीस हजार रुपये (की वित्तीय सहायता के लिए)।

Documents attached verified and the applicant found eligible / not eligible under '**AZADI KA AMRUT MAHOTSAV ONE TIME FINANCIAL ASSISTANCE TO THE -SPOUSES OF DECEASED SEAFARERS**' for financial assistance of ₹.25,000/- (Rupees Twenty Five Thousand Only).

Checked by D.A.

Verified by (Accountant)

Recommended by (CAAO)

Approved by Member Treasurer

Member Secretary.

AZADI KA AMRUT MAHAOSTAV SCHEME **FOR SUPER SENIOR SEAFARERS.**

DETAILS OF THE WELFARE SCHEM ON THE OCCASION OF CELEBRATION **OF “AZADI KA AMRUT MAHOTSAV” FOR PROVIDING ONE TIME FINANCIAL** **ASSISTACE TO THE SUPER SENIOR INDIAN SEAFARERS WHO ARE 75 YEARS** **AND ABOVE.**

1. Pursuant to the objects of the Seafarers’ Welfare Fund Society (hereinafter referred to as the Society) as defined in Article 3(XV) of the Memorandum of Association of the Society, the Indian seafarer as being eligible in terms of provisions of the rule 3 herein below, may be provided the financial assistance under “**Azadi Ka Amrut Mahotsav-one time financial assistance to the Super Senior Seafarer**” (Indian seafarer) who completed 75 years and above on or before 26/01/2024 and to the extent detailed herein below.
2. Such financial assistance to the Indian seafarer who are 75 years and above on or before 26/01/2024 (Born on or before 26 January 1949) on the occasion of Celebration of **Azadi Ka Amrut Mahotsav** may be granted at the absolute discretion of the society such financial assistance, may be dispensed with and / or curtailed or enhanced, suspended or completely withdrawn at any time without any prior notice. The availability of such financial assistance under the “**Azadi Ka Amrut Mahotsav-Super Senior Seafarer**” welfare scheme to the eligible Indian seafarer does not in any manner confer or create any prescriptive right whatsoever and shall not be called in question in any court of law by any seafarer.
3. **Eligibility:** (a) The scheme is applicable to the seafarers holding Indian CDC and who are 75 years and above on or before **26/01/2024** (b) The seafarer should have sailed for a cumulative period at least of 6 months (through a RPS company or an Indian Shipowner) between the ages of 55 and 60, and the sea service should be entered in his Indian CDC. This scheme will be for the “Amrut Kaal” period i.e. **26/01/2024 to 25/01/2025** only, during which the applications will be accepted from the above beneficiaries during the above period only.
4. **Quantum:** The quantum of financial assistance of ₹.25,000/- (Rupees Twenty Five Thousand only) under this scheme shall be remitted to the eligible Indian seafarer.
5. To receive the benefit under this scheme only such applications will be entertained which are submitted to the Seafarers’ Welfare Fund Society from 26/01/2024 to 25/01/2025. Applications received on or after **26/01/2025** will not be accepted for this scheme.
6. Application for financial assistance under this scheme is to be made in the prescribed form along with self-attested xerox copies of CDC book showing seafarer’s name, photo and CDC No. and birth date and ID proof i.e. any of this: Adhar Card or Pan Card.

7. Notwithstanding anything contained herein above in all doubtful/disputed and/or exceptional cases, the Committee of Management of the SWFS may examine and decide the cases, on case to case basis and its decision shall be final.

नाविक कल्याण निधि सोसायटी, मुंबई.

SEAFARERS' WELFARE FUND SOCIETY.

नौ भवन, भूतल, आर कामानी मार्ग, बैलाड एस्टेट, मुंबई- 400 001

NAU BHAVAN, GROUND FLOOR, R. KAMANI MARG, BALLARD ESTATE, MUMBAI -400 001.

"आजादी का अमृत महोत्सव" के उत्सव के अवसर पर सुपर सीनियर नाविक के लिए योजना एकबारगी वित्तीय सहायता योजना (केवल 75 वर्ष और उससे अधिक भारतीय नाविकों के लिए)

THE SCHEME FOR SUPER SENIOR SEAFARER (FOR 75 YEARS AND ABOVE INDIAN SEAFARER ONLY) ON THE OCCASION OF CELEBRATION OF "AZADI KA AMRUT MAHOTSAV" ONE TIME FINANCIAL ASSISTANCE SCHEME

(कृपया इस आवेदन पत्र को जमा करने से पहले अगले पृष्ठ पर दिए गए नोट्स देखें।

(Please refer notes given on next page before submitting this application form.)

1. नाविक का नाम Seafarer's name in full (As per CDC Book)	
2. भारतीय चलत उन्मोचन प्रमाणपत्र (सीडीसी) नंबर / Indian CDC number	
3. सीडीसी के अनुसार जन्म तिथि Date of Birth as per CDC	
4. 75 साल पूरे होने की तारीख Date of completion of 75 years	
5. अंतिम पोत का नाम और इसकी यात्रा अवधि The name of the last vessel and its Voyage period.	Last vessel name _____ Sign on Date _____ Sign off Date _____
6. भारतीय शिपिंग कंपनी का नाम Indian ship-owners Co. name	
7. पत्राचार पता / Correspondence address	
8. मोबाइल नंबर / Mobile No	
9. ई-मेल पता / E-mail address	

मैं, अधोहस्ताक्षरी, आपको सूचित करना चाहता हूँ कि मैंने अपनी 75 वर्ष (पचहत्तर वर्ष) की आयु पूरी कर ली है पर _____ सुपर सीनियर नाविकों के लिए कल्याण योजना के लिए आवेदन करना चाहता हूँ।

I, the undersigned, wish to inform you that I have completed my 75 years (Seventy five Years) of age on _____ & wish to apply for the Welfare Scheme for Super Senior Seafarers.

अब मैं आपसे अनुरोध करता हूँ कि मुझे "आजादी का अमृत महोत्सव-सुपर सीनियर एकबारगी नाविक को वित्तीय सहायता योजना" के तहत वित्तीय सहायता प्रदान की जाए, जैसा कि इस योजना के लिए लागू है। मैं इस योजना के तहत दावा प्राप्त करने के लिए निम्नलिखित दस्तावेज का समर्थन कर रहा हूँ। मैं विधिवत स्व-सत्यापित योजना के तहत दावा प्राप्त करने के लिए निम्नलिखित दस्तावेज का समर्थन कर रहा हूँ।

I now request you to grant me, the financial assistance under the "AZADI KA AMRUT MAHOTSAV ONE TIME FINANCIAL ASSISTANCE SCHEME TO SUPER SENIOR SEAFARER" as per SWFS rules as applicable for the scheme. I am supporting herewith following document, to receive the claim under the scheme, duly self-attested.

- a) सीडीसी पुस्तक की प्रति (सीडीसी नंबर, नाम, जन्म तिथि और 55 से 60 वर्ष की आयु के बीच कम से कम 6 महीने की संचयी सेवा की समुद्री सेवा दिखाने वाले पृष्ठ)

Copy of CDC Book (Page showing CDC no., Name, Date of birth and pages showing seafaring service of at least 6 months cumulative service between the age of 55 and 60 years)

- b) बैंक पासबुक विवरण नाम (खाते संख्या दिखाने वाले पृष्ठ ,आईएफएससी कोड, शाखा का नाम।)

Bank passbook details (Pages showing Name, A/C no. IFSC code, Branch name)

मैं नीचे अपने बैंक खाते का विवरण देता हूँ। (बैंक विवरण अनिवार्य हैं, जिसके बिना आवेदन संसाधित नहीं किया जाएगा) I give below my Bank account details. (Bank details are mandatory, without which the application will not be processed.)

बैंक का विवरण, जहां वित्तीय सहायता राशि जमा की जानी है (अनिवार्य) :

Details of the bank, where the financial assistance amount to be credited (mandatory):

बैंक का नाम Name of the bank	शाखा का नाम Branch Name	शाखा का पता Branch address	बचत खाते नंबर S.B. A/c no.	शाखा आयफससी कोड Branch IFSC code

(नोट: बचत खाते की बैंक पासबुक के पहले पृष्ठ की एक सुपाठ्य प्रति संलग्न करें या आवेदक का नाम और बैंक विवरण दिखाते हुए मूल रद्द चेक देखें)

(Note: Attach a legible copy of the front page of Bank pass book of SB account or original cancelled cheque showing applicant's name and bank details)

मैं घोषणा करता हूँ कि मैं उपरोक्त प्रस्तुत दस्तावेजों के आधार पर इस वित्तीय सहायता का दावा कर रहा हूँ, और बाद की तारीख में, यदि यह साबित हो जाता है, कि मैं वास्तविक लाभार्थी नहीं हूँ, या मेरा दावा बेईमान पाया गया है, तो मैं एसडब्ल्यूएफ सोसाइटी को पूरी तरह से वित्तीय सहायता वापस करने का वचन देता हूँ।

I declare that I am claiming this financial assistance on the strength of the documents submitted as above, and at later date, if it is proved, that I am not the actual beneficiary, or my claim was found dishonest, I undertake to refund the financial assistance in full to the SWF Society.

स्थान Place / : _____

तारीख Date / : _____

आवेदक के हस्ताक्षर या अंगूठे का निशान)
(Applicant's Signature or Thumb)

(अंगूठे का निशान उस बैंक के प्रबंधक द्वारा सत्यापित किया जाना चाहिए जिसके साथ खाता रखा गया है)

(The Thumb impression must be attested by the Manager of the bank with which account is held)

आवेदन का नाम / Name of Applicant : _____

नोट 1: (a) यह योजना भारतीय CDC धारक उन नाविकों पर लागू है जो 26/01/2024 को या उससे पहले 75 वर्ष और उससे अधिक आयु के हैं (b) नाविक को 55 से 60 वर्ष की आयु के बीच कम से कम 6 महीने (आरपीएस कंपनी या भारतीय जहाज मालिक के माध्यम से) की संचयी अवधि के लिए रवाना होना चाहिए, और समुद्री सेवा को उसके भारतीय सीडीसी में दर्ज किया जाना चाहिए।

Note 1: (a) The scheme is applicable to the seafarers holding Indian CDC and who are 75 years and above on or before 26/01/2024 (b) The seafarer should have sailed for a cumulative period at least of 6 months (through a RPS company or an Indian Shipowner) between the ages of 55 and 60, and the sea service should be entered in his Indian CDC.

नोट 2: यह योजना केवल "अमृत काल" अवधि यानी 26/01/2024 से 25/01/2025 के लिए होगी, जिसके दौरान उपरोक्त अवधि के दौरान ही उपरोक्त लाभार्थियों से आवेदन स्वीकार किए जाएंगे। इस योजना के लिए 26/01/2025 को या उसके बाद प्राप्त होने वाले किसी भी आवेदन को स्वीकार नहीं किया जाएगा या विचार नहीं किया जाएगा।

Note 2: The applications for this scheme will be accepted from the beneficiaries during the Amrut Kaal period i.e. from 26/01/2024 से 25/01/2025 only. No application will be accepted or shall be considered which are received on or after 26/01/2025 for this scheme.

एस.डब्ल्यू.एफ.एस. कार्यालय के लिए

आवेदन संख्या .

FOR S.W.F.S. OFFICE USE ONLY

Application No. _____

संलग्न किए गए दस्तावेजों की पुष्टि की गई और आवेदक को 75 वर्ष और उससे अधिक आयु के भारतीय नाविक के लिए "आजादी का अमृत महोत्सव" के तहत ₹ 25,000 /- (केवल पच्चीस हजार रुपये (की वित्तीय सहायता के लिए।

Documents attached verified and the applicant found eligible / not eligible under "**AZADI KA AMRUT MAHOTSAV**" ONE TIME FINANCIAL ASSISTANCE SCHEME TO **SUPER SENIOR SEAFARE FOR 75 YEARS AND ABOVE INDIAN SEAFARER** for financial assistance of ₹.25,000/- (Rupees Twenty Five Thousand Only).

Checked by D.A.

Verified by (Accountant)

Recommended by (CAAO)

Member Treasurer / Member Secretary