

C.C.E.B.F.S.

This scheme may be called the “Central Coalfields Limited Employees’ Benevolent Fund Society”. It applied to all the collieries, Washery and other units and establishments’ including the Head Office of CCL located in different states of India and covers all employees.

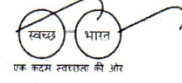
Benefits of C.C.E.B.F.S.

- Death Payment
- Scholarship
- Sickness
- Silver Coins (Departure Gift)
- Daughter’s Marriage

SI No	Benefits	2012-13		2013-14		2014-15		2015-16 (Till Aug)	
		Beneficiaries	Amount (Lac)	Beneficiaries	Amount (Lac)	Beneficiaries	Amount (Lac)	Beneficiaries	Amount (Lac)
1	Death Payment	60	16.76	110	33.19	167	50.25	56	16.94
2	Scholarship	770	22.72	21.11	721	21.77	758	18.25	642
3	Sickness	01	29000	2	1.21	64000	1	-	-
4	Silver coins	2000	-	1653	-	1138	-	428	-
5	Daughter’s marriage	5	2.50	4	2.00	2	1.00	2	1.00



सेन्ट्रल कोल्फील्ड्स लिमिटेड,
दरभंगा हाउस, राँची
कल्याण विभाग



सेन्ट्रल कोल्फील्ड्स इम्पलाइज बेनेवोलेंट फण्ड सोसाइटी
आइए इस पहल का स्वागत करें
और
सदस्य बनकर लाभ उठाएं

सी.सी.एल.ईम्पलाइज बेनेवोलेंट फण्ड सोसाइटी की शुरुआत 1976 से चासनाला दुर्घटना के बाद हुई। सदस्यता ग्रहण करने हेतु एक दिन के वेतन की कटौती होती है और हर माह 30/-रु. प्रति सदस्य काटा जाता है। सी.सी.एल. में कार्यरत सभी कर्मचारी/अधिकारी इसके सदस्य बन सकते हैं।

सदस्य को मिलने वाले लाभ

1. **मृत्यु लाभ:** सदस्य की मृत्यु पर उनके परिवार को 30,000/-रुपये की आर्थिक सहायता।
2. **छात्रवृत्ति:** सदस्य के बच्चों को सामान्य शिक्षा/तकनीकी शिक्षा के लिए इंटर+2/समकक्ष -1800 रु., स्नातक/आई.टी.आई./समकक्ष -2100 रु., स्नातकोत्तर/समकक्ष -2400 रु., इंजिनियरिंग -4200/- प्रतिवर्ष छात्रवृत्ति।
3. **बीमारी:** सदस्य की लम्बी बीमारी (टी.बी./कैंसर/कुष्ठ/मानसिक रोग/लकवा/ अन्य लम्बी अवधि की बीमारी) में प्रति माह 5000/-रु. स्वस्थ होने तक।
4. **पुत्री विवाह:** 50,000/-रु. की आर्थिक सहायता (12 किस्तों में 4% ब्याज के दर से)।
5. **उपहार:** सेवानिवृत्ति के समय सदस्यों को चाँदी का सिक्का।
6. **वैसे अधिकारी एवं कर्मचारी जो सदस्य नहीं हैं, परन्तु 30/-रु. प्रति माह कटौती होती है और सदस्यता संख्या नहीं है, उनका एक दिन का वेतन कटौती कर आश्रितों को मृत्यु लाभ का भुगतान किया जाए।**
7. **नया सदस्यता ग्रहण करने हेतु फार्म क्षेत्र ईकाई के कार्मिक अधिकारी के कार्यालय से प्राप्त करें।**
8. **किसी प्रकार की जानकारी प्राप्त करने हेतु क्षेत्र के नोडल अधिकारी से सम्पर्क करें।**

वैसे कर्मी जो इस स्कीम का सदस्य बनना चाहते हैं वे फार्म भर कर जल्द से जल्द इस स्कीम का सदस्य बनें एवं इस स्कीम का भरपूर लाभ उठावें।

शासी निकाय
सी.सी.ई.बी.एफ.एस.

नाम :-
पदनाम :-
कर्मी सं.:-
परियोजना का नाम:-
क्षेत्र :-

CENTRAL COALFIELDS EMPLOYEES BENEVOLENT FUND SOCIETY
DARBHANGA HOUSE, RANCHI-834 001

To
The Secretary,
C.C.E.B.F.S.
Ranchi.

Dear Sir,

I hereby apply to join the Scheme of Central Coalfields Employees Benevolent Fund Society which is operating from 01/05/1976. While I have to request you to enlist my name as member of the Scheme, I give the following declaration:

- (i) That I agree to contribute one days wages from my salary in installments towards CCEBFS.
- (ii) I agree to contribute @30/- or as decided by the committee per month. I also agree to contribute arrear for last 5 (Five) years as decided by the Governing Body in its meeting held on 4th May,2004.
- (iii) I agree to abide by the decision of the Governing Body of Benevolent Committee from time to time.

My other particulars are as follows:

1. Name & Designation :
2. Father's/Husband's Name :
3. Name of the Unit/Deptt. :
where posted
4. Employee Code/PIS No. :
5. Basic :
6. Date of Appointment :

Yours faithfully,

(Signature of the Applicant)

I hereby nominate Sri/Smt.
Relationship..... address
..... to receive the financial assistance admissible under the Scheme in case of my death.

(Signature of the Applicant)

Recommendation of the Secretary: Membership of the applicant is hereby accepted, deduction may be started as consented above.

Secretary, CCEBFS

- Copy to:-
1. The Finance Manager (EPR) for information and necessary action to start deduction.
 2. Personnel Manager (SE/SE A/cs./EE) for record in the concerned personnel file.



CENTRAL COALFIELDS EMPLOYEE'S BENEVOLENT FUND SOCIETY

DARBHANGA HOUSE, RANCHI

APPLICATION FORM FOR SCHOLARSHIP FOR THE YEAR.....

FRESH/RENEWAL *

NEEDY/MERITORIOUS

PARTICULARS OF MEMBERS/EMPLOYEES

1. Name of the member/Employee (in capital letters) :
2. Designation :
3. Name of the Unit/Colliery :
4. Basic Pay as on 1st July : Rs.....

PARTICULARS OF STUDENTS

5. Name of the student (in capital letters) :
6. Relationship with the applicant/member :
7. Name of the previous University/Board examination passed :
8. Percentage of marks obtained in the examination referred to at Sl. No. 7 above :
9. Name of the education being received at present and the period of course :
10. Date of admission & the year of academic session of course :
11. Whether University/Board Exam. is held every year (in case of session for more than one yr.) :
12. Name of the institution where student is studying alongwith postal address :
13. Name of the University/Board to which the institution is referred to at Sl. No. 12 above is affiliated :
14. Whether the student is receiving scholarship/ stipend from any other institution/organisation? If so, details thereof :
15. Whether the student has received scholarship during the last year from CCEBRFS? If so details :

I certify that the above informations are correct.

Place :

Date :

Signature of the Member

Member Ship No.....

CERTIFICATE FROM THE INSTITUTION

This is to certify that Shri/Kumari.....
S/o/D/o..... is a regular student of
..... College/Institution. He/She has taken
admission in..... class/course in the academic session
starting from..... (date). In order to complete the above course he/she would be required to
appear in the Board/University Examination to be held in the year.....

.....
(Signature of the Principal)

Seal of the College/Institution

Date.....

CERTIFICATE/RECOMMENDATION OF THE SECRETARY OF THE AREA BENEVOLENT FUND SOCIETY

It is certified that Shri/Smt..... is a member of
CCEBRFS and his/her Membership No. is..... The case of his/her son/daughter
is recommended/not recommended for grant of scholarship.

.....
(Signature of Unit Personnel Officer)

.....
(Signature of the Area Secretary)

Certified that the Basic Pay as on
1st July as shown in Col. 4 is correct.

.....
Official designation.....

Area/Unit Finance Manager

.....
Name of the Area.....

Name of Area/Unit :

.....
Date.....

Note : (1) True/Photostat copy of the marksheet in respect of the previous examination held by University/Board as mentioned against Sl. No. 7, duly attested by the Company's Officer must be attached along with the application for both fresh & renewal.

(2) Semester Marks will not be entertained.

(3) Incomplete application and application received after due date will not be considered.

* Strike out whichever is not applicable.