

HARYANA GOVERNMENT
LABOUR DEPARTMENT
Notification

The 04 January, 2017

No.6/75/2016-1lab, The Governor of Haryana is pleased to introduce “Haryana Silicosis Rehabilitation Policy” for the treatment, compensation, rehabilitation and other welfare measures for the workers affected by the dreadful occupational lung disease “Silicosis”.

Haryana Silicosis Rehabilitation Policy

Preamble

Silicosis is a form of occupational lung disease caused by inhalation of crystalline silica dust, and is marked by inflammation and scarring in the form of nodular lesions in the lobes of lungs and is categorized as a type of pneumoconiosis.

Symptoms of Silicosis

- Associated with T.B
- Shortness of breath
- Fatigue
- Loss of appetite (Anorexia).
- Chest pain; dry with non-productive cough (Whooping Cough).
- Respiratory failure
- Eeventually leads to death

Silicosis is an incurable lung disease which may occur at the Silicosis prone workplaces i.e. factories such as: Stone Crushers, Coal fired Thermal Power Plants, Construction Sites and Mines. Despite all efforts being made worldwide to prevent & eradicate it, Silicosis still afflicts tens of millions of workers in hazardous occupations and kills thousands of people every year, around the world. With its potential to cause progressive and permanent physical disability of the sufferer, silicosis continues to be one of the major occupational health illnesses in the world.

In the State of Haryana Silicosis is a notifiable disease under The Factories Act, 1948 and The Building and Other Construction Workers (RE & CS) Act, 1996.

Objective

Haryana being a progressive state has introduced an integrated policy for the rehabilitation / integration. Workers suffering from silicosis mainly belong to socially economically challenged sections of our society. This policy shall ensure the treatment, Compensation, rehabilitation and provisions of various welfare measures to the workers suffering from the incurable disease of Silicosis. The modalities of the implementation / details of the proposed Haryana Silicosis Rehabilitation Policy are given below:-

Eligibility

- Any worker confirmed as suffering from Silicosis by the Silicosis Diagnosis Board, Haryana shall be covered under this policy
- This policy is applicable only for the workers working in the Factories and at the construction sites.

Rehabilitation and other Welfare Aspects:

1) Treatment

When the case of silicosis is confirmed by the Silicosis Diagnosis Board the worker shall be referred immediately to the hospital for the treatment. Workers registered under the Employee State Insurance Act, 1948 shall be given treatment at the ESI hospitals. Workers who are not registered under the ESI Act 1948 shall be provided free treatment, investigations and medicines by the Health Department in all the district hospitals and medical colleges in the state. In case some tests / medicines / equipments for the treatment of the Silicosis affected worker are not available with the Health Department the same may be procured from the open market by them and the payment for the same shall be reimbursed by the Labour Department.

2) Compensation

Workers registered under the Employee State Insurance Act, 1948 shall be given compensation as per the provisions of the ESI Act, 1948 and the other workers who are not registered under the ibid Act shall be given compensation as per the provisions of the Employee's Compensation Act, 1923.

3) Welfare Schemes

Sr. No.	Name of Welfare Scheme	Assistance amount	Eligibility Conditions
(i)	Rehabilitation	Rs. 5,00,000/-	• Identity card

	Assistance	<p>as one-time assistance payable to the affected worker after confirmation by Silicosis Diagnosis Board.</p> <p>In case of the death of worker before receiving the rehabilitation assistance after confirmation of Silicosis Rehabilitation assistance shall be payable to:</p> <ul style="list-style-type: none"> • Widow/ widower if the worker was married. or • To one of the living parents if worker was unmarried. 	<ul style="list-style-type: none"> • Death certificate in case of death before receiving the said assistance.
(ii)	Assistance on death	<p>Rs. 1,00,000/-</p> <p>In case of death of the Silicosis victim, the assistance will be payable to widow / widower or to his / her nominee in case the deceased was unmarried.</p>	<ul style="list-style-type: none"> • Identity Card of the deceased. • Death certificate of the deceased.
(iii)	Funeral Assistance	<p>Rs. 15,000/-</p> <p>For performing the funerary rituals of the deceased worker</p>	<ul style="list-style-type: none"> • Identity Card of the deceased.
(iv)	Silicosis Rehabilitation Pension	<p>Rs. 4000/- per month</p> <p>to the worker categorized as category (A,B,C) as per ILO Classification</p> <p>till He / She remains alive.</p>	<ul style="list-style-type: none"> • Identity card • All medical records to be produced
(v)	Family Pension	<p>Rs.3500/- per month</p> <p>After the death of the worker</p>	<ul style="list-style-type: none"> • Identity card • Death Certificate of

		<p>due to Silicosis:-</p> <ul style="list-style-type: none"> To widow/ widower till he/ she is alive. In case of un-married worker to his /her living parents. 	the deceased worker										
(vi)	Financial Assistance for Education	<p>Rs.5000/-to Rs.12000/- Annually From Class 1 to Master's Degree.</p> <table border="1"> <tr> <td>Class1-5</td> <td>Rs.5000/-</td> </tr> <tr> <td>Class 6-8</td> <td>Rs.6000/-</td> </tr> <tr> <td>Class 9-10</td> <td>Rs.8000/-</td> </tr> <tr> <td>Class 11-12</td> <td>Rs.10000/-</td> </tr> <tr> <td>ITI diploma / graduation / post-graduation</td> <td>Rs.12000/-</td> </tr> </table>	Class1-5	Rs.5000/-	Class 6-8	Rs.6000/-	Class 9-10	Rs.8000/-	Class 11-12	Rs.10000/-	ITI diploma / graduation / post-graduation	Rs.12000/-	<ul style="list-style-type: none"> Identity card Result of previous Class Admission certificate of next class Admissible to two boys and upto three girls irrespective of the order of their birth.
Class1-5	Rs.5000/-												
Class 6-8	Rs.6000/-												
Class 9-10	Rs.8000/-												
Class 11-12	Rs.10000/-												
ITI diploma / graduation / post-graduation	Rs.12000/-												
(vii)	Kanyadaan Assistance on the occasion of marriage of daughter	<p>Rs. 51000/- Up to three daughters</p>	<ul style="list-style-type: none"> Identity card Marriage invitation card attested by Sarpanch / Ward member Admissible up to marriage of three Daughters only 										
(viii)	Financial Assistance on Marriage of Sons	<p>Rs. 11,000/- Up to two Sons</p>	<ul style="list-style-type: none"> Identity card Marriage invitation card attested by Sarpanch / Ward member Admissible up to marriage of two Boys only. 										

4) Corpus for Welfare Schemes

A separate corpus shall be created to finance the above Welfare Schemes and to execute the Policy. It shall consist of 70% contribution by the Haryana Labour Welfare Board and 30% by the Haryana Building & Other Construction Workers Welfare Board. The amount to be deposited shall be finalized by the Labour Commissioner, Haryana after the approval from Administrative Department.

5) Implementation and Execution

All the functions pertaining to implementation of welfare measures and execution of the policy shall be performed by the Haryana Labour Welfare Board. Any worker suffering from Silicosis and confirmed by Silicosis Diagnosis Board shall be issued an Identity Card by the Haryana Labour Welfare Board.

The applications for various welfare schemes shall be dealt by the Haryana Labour Welfare Board, Haryana. The Labour Commissioner, Haryana being Welfare Commissioner shall be the competent authority to sanction the expenditure to be incurred for all the welfare schemes and any other expenditure associated with the policy. The Haryana Labour Welfare Board shall maintain all the records pertaining to the welfare schemes / benefits provided to Silicosis affected workers.

6) Application Procedures

For availing the welfare assistance the workers affected from Silicosis shall submit an application to the Assistant Director, Industrial Health of the concerned jurisdiction who shall forward it to the O/o Labour Commissioner –cum- Welfare Commissioner, Haryana in the prescribed performa (i.e. annexure I to VIII). The application Performa can be downloaded from the hrylabour.gov.in

7) Awareness

Awareness of Silicosis disease can be best ensured by regular and timely counselling of the workers. So as to ensure the same, a co-ordinated and comprehensive awareness programme shall be launched / ensured in coordination with the doctors of ESI Health care hospitals/ District Civil hospitals/ Medical Colleges / NGOs and social activists working in the State. Wide publicity about the

serious implications of this disease, benefits of its early and timely detection as well as Haryana Silicosis Rehabilitation Policy shall be ensured through Newspapers /Advertisements/ Radio Jingles/ Television Programmes/Street Plays/ Theatres etc. and other publicity material by the Labour Department.

Date: 27.12.2016

VIJAY VARDHAN
Additional Chief Secretary to Government,
Haryana, Labour Department.

Endst No. 6/75/2016-1Lab

Dated: 04.01.2017

A copy is forwarded to the Controller, Printing and Stationary Department, Haryana, Chandigarh with the request that the above notification alongwith performas may be published in Haryana Government extra Ordinary Gazette positively and 30 printed copies may be supplied to this Department.

Superintendent Labour
for Additional Chief Secretary to Government,
Haryana, Labour Department.

Enst. No. 6/75/2016-1 Lab

Dated : 04.01.2017

A copy of above is forwarded to the Labour Commissioner, Haryana, Chandigarh for information and necessary action.

Superintendent Labour
for Additional Chief Secretary to Government,
Haryana, Labour Department.

Annexure-I
Details of Silicosis affected Person

(I.D.No. _____)

Date: _____

Name: _____

Age: _____ Sex: _____ Contact No: _____

Adhar No: _____ Voter (I.D) No: _____

Employees State Insurance No: _____

Fathers Name: _____

Photograph of
the worker

Residential Address:

Temporary: _____

Permanent: _____

Confirm as Silicosis on dated: _____

Category of Silicosis: _____

Treatment started on dated: _____

Address of Hospital: _____

Bank Account Details of Silicosis Affected person:

AccountNo: _____

Branch of Bank: _____ IFSC Code: _____

Details of dependent Family members:

Sr. No.	Name of the member	Age	Relation with Silicosis Affected worker

Photograph of all dependent family members

Details of Nominee (Spouse/ One of the living Parents)

Sr. No.	Name of Nominee	Relation with Silicosis Affected worker	Age

Photograph of Nominee

Adhar No: _____ Voter (I.D) No: _____

AccountNo: _____

Branch of Bank: _____ IFSC Code: _____

Details of present employment of worker:

Signature / Thumb
Impression of worker

Deputy Director
Industrial Health

ANNEXURE-II

APPLICATION FORM FOR CLAIMING REHABILITATION ASSISTANCE

1. Name: _____

2. Age: _____ Sex: _____ Contact No: _____

3. Adhar No: _____ Voter (I.D) No: _____

4. Employees State Insurance No: _____

5. Fathers Name: _____

6. Residential Address:

Temporary: _____

Permanent: _____

7. Confirm as Silicosis on dated: _____

8. Category of Silicosis: _____

9. Treatment started on dated: _____

10. Address of Hospital: _____

11. Bank Account Details of Silicosis Affected person:

AccountNo: _____

Branch of Bank: _____ IFSC Code: _____

Documents to be submitted:

- a. Copy of Identity card
- b. Copy of Adhar Card & Voter I.D

- c. Copy of Bank Pass Book
- d. Medical Records

The above details are true to my knowledge and information.

Place :

Date :

Name and Signature
of the Applicant.

ANNEXURE-III

APPLICATION FORM FOR CLAIMING FUNERAL ASSISTANCE

1. Name of applicant : _____

2. Address _____
_____ Contact No _____

3. Aadhar No of applicant _____ Voter I.D _____

4. Relationship with deceased worker: _____

5. Name and address of the deceased worker: _____

6. Identity No. : _____

7. Nature of Death (Give details): _____

8. Bank details of the Applicant:

Account No. _____ Name of the Bank _____

Branch Address _____ IFSC Code _____

9. Details of documents to be submitted:

a) Death Certificate/Post Mortem Report of the worker:

b) Identity Card (Silicosis)

The above details are true to my knowledge and information.

Place :

Date:

Name and Signature
of the Applicant.

ANNEXURE-IV

APPLICATION FOR CLAIMING FAMILY PENSION

(Admissible only to spouse/ one of the living parents)

Photograph of
the applicant

1. Name of applicant for Family pension

: _____

2. Address _____
_____ Contact No _____

3. Adhar No of applicant _____ Voter
I.D _____

4. Relationship with deceased
worker: _____

5. Name and address of the deceased
worker: _____

6 Identity Card No. : _____

7.Date of death of the Silicosis affected worker : _____

9. AccountNo: _____

Branch of Bank: _____ IFSC

Code: _____

8.List of documents to be submitted :

- a. Identity card of deceased worker.
- b. Death Certificate.
- c. Proof of relation with the deceased worker.
- d. Copy of Bank pass book.
- e. Copy of Adhar Card. & Voter I.D

The above facts are true to the best of my knowledge and information.

Place:

Date:

Name and Signature of
applicant

ANNEXURE-V

APPLICATION FORM FOR CLAIMING REHABILITATION PENSION

(only for category A, B & C of Silicosis)

1. Name: _____

2. Age: _____ Sex: _____ Contact No: _____

3. Adhar No: _____ Voter (I.D) No: _____

4. Employees State Insurance No: _____

5. Fathers Name: _____

6. Residential Address:

Temporary:

Permanent:

7. Confirm as Silicosis on dated: _____

8. Category of Silicosis: _____

9. Treatment started on dated: _____

10. Address of Hospital: _____

11. Bank Account Details of Silicosis Affected person:

AccountNo: _____

Branch of Bank: _____ IFSC Code: _____

Documents to be submitted:

- a. Copy of Identity card
- b. Copy of Adhar Card & Voter I.D
- c. Copy of Bank Pass Book
- d. Medical Records

The above details are true to my knowledge and information.

Place :

Date :

Name and Signature
of the Applicant.

ANNEXURE-VI

APPLICATION FOR MARRIAGE ASSISTANCE

1. Name of Applicant: (Worker / Family Member of deceased worker) _____
2. Adhar No of applicant _____ Voter I.D _____
3. Relationship with deceased worker (if family member is applying)

4. Address: _____

5. Identity Card No. _____
6. Date on which Silicosis Affected worker expired _____
7. Application is for the marriage of son/daughter _____
 - (i) Date of birth of the son/ daughter who is getting married _____
 - (ii) Name of Son/ Daughter getting married _____
 - (iii) Have you applied for the marriage assistance of any other son / daughter; if so, details of the same. _____

 - (iv) Date and place of marriage _____
 - (v) Address of the bride or Bridegroom of the son/ daughter _____

 - (vi) Date and No. of the Certificate of marriage. _____

8. Account No of Applicant _____

Branch of Bank: _____ IFSC Code: _____

9. Documents to be submitted :

a. Identity card

b. Death certificate of the worker if worker is not alive.

c. Marriage invitation card attested by sarpanch/ Ward member

d. Date of birth proof of son / daughter getting married

e. Copy of Bank Pass Book

f. Copy of Aadhar Card & Voter I.D

The above details are true to my knowledge and information.

Place :

Date :

Name and Signature
of the Applicant.

ANNEXURE-VII

APPLICATION FOR CHILDREN EDUCATION ASSISTANCE

1. Name of Applicant: (Worker / Family Member of deceased worker) _____
2. Adhar No of applicant _____ Voter I.D _____
3. Relationship with deceased worker (if family member is applying)

4. Address: _____

5. Identity Card No. _____
6. Date on which Silicosis Affected worker expired _____
7. Application is for Eductaion of son/daughter _____
 - (i) Date of birth of the son/daughter _____
 - (ii) Name of Son/ Daughter _____
 - (iii) Have you applied for the education assistance of any other son / daughter; if so, details of the same.

 - (iv) Class for which assistance is applied for _____
 - (v) Name & Address of School/ College _____

8. Account No of Applicant _____

Branch of Bank: _____IFSC Code:_____

9. Documents to be submitted :

- a. Identity card
- b. Death certificate of the worker if worker is not alive.
- c. Admission Certificate issued by School / College.
- d. Date of birth proof
- e. Copy of Bank Pass Book
- f. Copy of Aadhar Card & Voter I.D

The above details are true to my knowledge and information.

Place :

Date :

Name and Signature
of the Applicant.

ANNEXURE-VIII

APPLICATION FOR DEATH ASSISTANCE

4. Name of applicant : _____

5. Address _____
_____ Contact No _____

6. Adhar No of applicant _____ Voter I.D _____

2. Relationship with deceased worker: _____

3. Name and address of the deceased worker: _____

4 Identity Card No. :

7. Nature of Death (Give details) :

8. Details of documents to be submitted:

- a) Death Certificate of the worker:
- b) Identity Card (Silicosis):
- c) Proof of relation with the deceased worker.
- d) Nomination Form

9. Bank details of the Applicant:

Account No. _____ Name of the Bank _____

Branch Address _____ IFSC Code _____

The above details are true to my knowledge and information.

Place :

Date :

Name and Signature
of the Applicant.

Labour Department, Haryana
IDENTITY CARD

(Silicosis affected worker)

FRONT PAGE

I.D. No. _____

1. Name of the Silicosis Affected Worker: _____

2. Age: _____ Sex: _____

3. Adhar No. _____ Voter I.D.: _____

4. Fathers Name: _____

5. Silicosis Confirmation Date: _____

Photograph of
the worker
affected of
Silicosis

DLC
Haryana Labour Welfare Board

Back Page

6. Residential
Address: _____

7. Details of Dependents:

Sr. No.	Name	Age	Relation

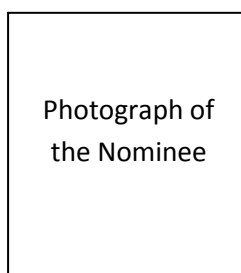
Contact. Number: _____

NOMINATION FORM

**(Nominee can be spouse in case worker is married / one of living parents
in case worker is unmarried)**

I nominate my _____ as rightful dependent, to receive all the welfare assistance on my behalf in the event of my death, as rightful heirs to receive all benefits.

Name of the Nominee	Relation with the Silicosis affected worker	Age of the Nominee	Bank Details



Place:

Date:

Name Address of the
worker with Signature