



केन्द्रीय भण्डारण निगम
(भारत सरकार का उपक्रम)
CENTRAL WAREHOUSING CORPORATION
(A Govt. of India Undertaking)
जन-जन के लिए भण्डारण/Warehousing for Everyone



No.CWC/CO-PD0RECT/50/2020-PERSONNEL

Dated: 14th September, 2020

CIRCULAR

Sub: Payment of lump-sum ex-gratia amount in lieu of Compassionate Appointment... reg.

Ref: Corporate Office Circular No.CWC/I-Comp.Apptt/Rectt/2007/724-A dt. 04.10.2013

Apropos above, the Corporation has been providing lump-sum ex-gratia amount Rs.7.5 lakh and Rs.10 lakh, in lieu of compassionate appointment to the Group C&D and A&B employees respectively.

2. The aforesaid lump-sum ex-gratia amount, in lieu of compassionate appointment, has been increased to **3.5 times of Annual Basic Pay**, as on the 1st April of the respective Financial Year, subject to a minimum of Rs.30 lakh and maximum of Rs.70 lakh for all employees. The revised ex-gratia amount would be payable to the dependent **or** the legal heirs of the employee who demised **on or after 11.06.2020**.

3. The Lump-sum ex-gratia amount would be paid by the Corporation from its own funds, for the period from **11.06.2020 to 02.09.2020**. Corporation has taken a **Group Term Insurance Plan (GTIP) or say Group Insurance Scheme (GIS)** from M/s Life Insurance Corporation of India (LIC) w.e.f 03.09.2020 and the amount of compensation shall be paid to the dependent or legal heirs of the deceased employee, on the receipt of such claim from M/s LIC w.e.f. 03.09.2020. Every employee shall appoint one or more persons as beneficiary i.e. spouse or child/children or dependent family members in format prescribed at **Appendix 'A'**. In the event of death of the employee, **whilst in service**, the benefits in force at that time as per the terms & conditions of **Group Insurance Scheme** for employees of CWC, placed at **Appendix 'B'**, on his/her life will be paid to the beneficiary /beneficiaries appointed by the employee as per terms & conditions of Group Insurance Scheme for employees of CWC.

4. The employees who have already appointed beneficiaries / submitted nomination for the existing scheme of Lump-sum ex-gratia in lieu of compassionate appointment **need not submit fresh nomination form** provided they have nominated his/her spouse, children and dependent family members as beneficiaries unless they want to change the beneficiaries. The nomination form in **Appendix 'A'** shall be submitted, **in triplicate**, to the Personnel Division through respective Regional Manager / HoD at Corporate Office. One copy of the nomination form accepted by the authorized officer of the Corporation shall be returned to the employee as acknowledgement, one copy should be placed in the service record at the Corporate Office and one copy should be retained in the personnel file of the employee at concerned Regional office.

5. In case of demise of a **regular** employee, an application shall be obtained from the beneficiary or the nominee appointed for claiming the ex-gratia amount by the concerned Regional Office / HoD at Corporate Office as per format at Appendix 'B'. Concerned Regional Office shall ensure submission of the requisite form, along with a copy of **death certificate within 30 days of the date of death of the employee**. Regional Office shall verify the genuineness and correctness of the application in all respects with the available documents. The duly verified application along with the requisite documents shall be forwarded to Personnel Division, Corporate Office, New Delhi for processing the claim with M/s LIC for payment. On receipt of the payment from M/s LIC, it shall be disbursed to the beneficiary. *Claims for the period from 11th June 2020 to 2nd September 2020 shall be paid by the CWC from its own funds.*

6 **For the timely remittance of the insurance premium to LIC**, the relevant details of employee joining the Corporation and in case of any resignation, voluntary retirement, etc, from the Corporation, shall be furnished by the Personnel Division to Finance division, **within 15 days** of the date of joining, resignation, voluntary retirement, etc, of the employee. Responsibility in this respect shall rest with the Regional Manager of the concerned Region and General manager (P) in case of employee of Corporate Office.

7. The Employee, expired while on **unauthorized absence** as per CWC (staff) Regulation, 1986, shall **not** be eligible for benefits under the aforesaid scheme.

This issues with the approval of Competent Authority.

(Somnath Acharya)
General Manger (Pers.)

Authority:

1. Agenda item no. 13 of the 351st meeting of the BoD held on 11.06.2020
2. Agenda item no. 13 of the 352nd meeting of the BoD held on 17.07.2020
3. Agenda item no.17 of the 353rd meeting of the Board held on 21.08.2020

Distribution:

1. All Head of Divisions, CWC, Corporate Office, New Delhi
2. All Regional Managers, CWC, Regional Offices.
3. AGM (S&B), CWC, CO, New Delhi

Copy to:

1. PS to Chairman, Sr PA to MD, SAM to Dir (Fin), PS to Dir (Pers), CWC/CO, New Delhi
2. GGM(Sys), CO, New Delhi - With request to upload on CWC Portal.
3. The Secretary General, Federation of Central Warehousing Corporation Employees Unions

CENTRAL WAREHOUSING CORPORATION

(A Govt. of India undertaking)

**FORMAT FOR NOMINATION FOR LUMP-SUM COMPENSATION IN LIEU OF
COMPASSIONATE APPOINTMENT**

(All entries in capital letters)

1. Name of the Employee _____
2. Designation _____
3. Name of the Centre /Region/Division _____
4. Father's Name/Husband's Name _____
5. Sex _____
6. CPF Code No. _____
7. Date of Birth _____
8. Date of initial joining in CWC _____
9. Permanent Address with pin code _____

10. Address for communication _____
11. Phone/Mob. No. _____
12. E-Mail ID _____
13. Name and age of the Nominees with percentage of share (with valid identity
proof issued by authorised Govt Auth with proof of age):

Name(s) of Nominees Gender Age Relation Percentage Identity Proof

I hereby nominate person(s), as mentioned at Sl.No.13, as per percentage indicated, to claim lump-sum ex-gratia in lieu of compassionate appointment. All nominations made prior to this date in this regard stand modified accordingly.

Date _____

(Signature of the employee)

DECLARATION BY WITNESS

Name and Address of Witness

Signature of the Witness

1. _____

2. _____

CERTIFICATE BY THE RM/HOD

Certified that the signatures of the above employees have been verified by me and details provided hereabove are correct to the best of my knowledge and as per available records.

Signature

(Name & Desgn. of
the Official with seal)

Appendix-B

**APPLICATION FOR PAYMENT OF LUMP-SUM COMPENSATION IN LIEU OF
COMPASSIONATE APPOINTMENT**

(All entries in capital letters)

1.	Name of the Deceased Employee	
2.	Designation	
3.	Name of the Centre /Region/Division last posted	
4.	Name of Nominee(s) (as per nomination form) • Valid identity proof to be submitted by nominee(s)	
5.	Relation with deceased employee	
6.	Date and reason of death of the employee (as per death certificate) • Death certificate issued by the Competent Local Govt Auth is to be attached	
7.	Permanent Address with PIN	
8.	Address for communication	
9.	Phone/Mob. No.	
10.	E-Mail ID	
11.	Bank Details for transfer of amount (Name of Bank and Branch, Account Number, IFSC code)	

Date _____

(Signature of the Nominee(s))

To:

The Regional Manager
Central Warehousing Corporation,
Regional Office _____

The General Manager (Personnel)
Central Warehousing Corporation,
Corporate Office, New Delhi

VERIFICATION AT REGIONAL OFFICE

Certified that all above particulars have been verified from the records and found correct. It is also certified that Sh./Smt _____ (Name, Post, CPF Code of the Diseased Employee) was a serving employee of the corporation on date of demise. Necessary document in support of the claim are attached herewith as per enclosure.

Signature

(Name & Desgn. of
the Estb Head at CO/RO)

COUNTERSIGNATURE

(Name & Desgn. of
the HoD Establishment/
Regional Manager/IC)

Encls (certified true copy/original)

1. Extract of Service Book (certified true copy) - for verification of general details of the employee
2. Nomination form (certified true copy/original) - for verification of nominee(s)
3. Legal heir certificate issued by the competent Govt Auth (original).
4. Death certificate issued by Competent Authority duly depicting date and cause of death (original/verified with original at RO)
5. Address proof of the claimant (any document accepted as address proof for the Indian Passport).
6. Bank account details of the claimant with original cancelled cheque.