



## **ABSTRACT**

Labour – Tamil Nadu Manual Workers(Regulation of Employment and Conditions of Work) Act, 1982 (Tamil Nadu Act 33 of 1982) - Tamil Nadu Manual Workers (Construction Workers) Welfare Scheme, 1994 - Extending Personal Accident Relief to the Unregistered Construction Workers for the accidents at work site - Amendment to Scheme- Notified.

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### **LABOUR AND EMPLOYMENT (I 2) DEPARTMENT**

G.O.(Ms) No.65

Dated 01.03.2016

**Manmadha Maasi 18,  
Thiruvalluvar Aandu 2047,  
Read:**

1. G.O.(Ms) No.157, Labour & Employment (I2) department, dated 11.12.2014.
2. From the Commissioner of Labour, Chennai-600 006, letter No. W1/36146/14, dated 01.04.2015.

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### **ORDER:**

In the Government Order first read above, the personal accident relief paid to the nominees of the family of the deceased Construction Workers, registered with the Tamil Nadu Construction Workers Welfare Board, was enhanced from Rupees one lakh to five lakh in the case of death due to accident that happened at worksite during the course of employment.

2. In the letter second read above, the Commissioner of Labour has sent proposals for extending the personal accident relief to the Unregistered Construction Workers also in case of death due to accidents at work site.

3. After careful examination of the proposal of Commissioner of Labour, the Government hereby make amendments to the Tamil Nadu Manual Workers (Construction Workers) Welfare Scheme, 1994, so as to extend the personal accident relief to the Unregistered Construction Workers in case of accidents at work site.

4. Accordingly, the appended Notifications will be published in the Extraordinary issue of Tamil Nadu Government Gazette. The Works Manager, Government Central Press, Chennai- 600 079 is requested to send 50 copies of the Gazette to the Government and 50 copies to the Commissioner of Labour, Chennai – 600 006.

5. The Secretary to Government, Tamil Development and Information (Translations) Department, Secretariat, Chennai-600 009 is requested to send the Tamil translation of the Notifications to the Works Manager, Government Central Press, Chennai - 600 079 for the publication in Tamil Nadu Government Gazette.

(By Order of the Governor)

KUMAR JAYANT,  
Principal Secretary to Government

To  
The Works Manager, Government Central Press, Chennai- 600 079.  
(2 Copies) (for publication of the notification in the  
Tamil Nadu Government Gazette)  
The Secretary to Government, Tamil Development and Information  
(Translations) Department, Chennai-600 009. (2 Copies)  
The Commissioner of Labour, Chennai-600 006.  
The Secretary, Tamil Nadu Construction Workers Welfare Board,  
Chennai-600 034.

**Copy to:**

The Law Department, Chennai-600 009.  
The Finance Department, Chennai-600 009.  
The Chief Minister's Office, Chennai-600 009.  
The Senior Personal Assistant to Minister for Rural Industries Labour,  
Milk and Dairy Development, Chennai- 600 009.  
The Private Secretary to the Principal Secretary to Government, Labour and  
Employment Department, Chennai-600 009.  
SF/SC for file.

//Forwarded By Order//

SSA - 8-01-815  
1/3/16  
Section Officer  
1/3/16

## **APPENDIX.** **NOTIFICATION.**

In exercise of the powers conferred by section 4 of the Tamil Nadu Manual Workers (Regulation of Employment and Conditions of Work) Act, 1982 (Tamil Nadu Act 33 of 1982), the Governor of Tamil Nadu, after consultation with the Advisory Committee, hereby makes the following amendment to the Tamil Nadu Manual Workers (Construction Workers) Welfare Scheme, 1994, namely :-

### **AMENDMENT.**

In the said Scheme,-

(1) for clause 11, the following clauses shall be substituted namely:-

#### ***“11. Personal Accident Relief for the Accidents at Work Site.-***

(1) All manual workers when met with an accident are eligible for Personal Accident Relief and where the accident results in death, their nominees are eligible for Personal Accident Relief.

***Explanation.-*** For the purpose of this clause, “accident” means any bodily injury or death or loss of limbs or loss of sight resulting to a manual worker solely and directly from accident arising out of and in the course of his employment but does not include any intentional self injury, suicide, attempted suicide, injury caused while under the influence of intoxicating liquor or drugs or caused by insanity or resulting from the commission of any breach of the law, or rules, regulations or instructions applicable, from time to time.

(2) The risk covered by the Personal Accident Relief scheme and the amount of compensation payable shall be as follows:-

- |     |   |                |
|-----|---|----------------|
| (a) | Death   | Rs. 5,00,000   |
| (b) | Loss or actual physical separation of or total and irrecoverable loss of use of:- |                |
|     | (i) both hands; or  | } Rs. 1,00,000 |
|     | (ii) both feet ; or   |                |
|     | (iii) one hand and one foot ; or  |                |
|     | (iv) total and irrecoverable loss of sight in both eyes                           |                |

- (c) Loss or actual physical separation of, or total and irrecoverable loss of use of:-  
 (i) one hand ; or  
 (ii) one foot ; or  
 (iii) total and irrecoverable loss of sight of one eye } Rs. 50,000
- (d) Permanent total disablement from injuries other than those specified in items (b) and (c) above Rs. 1,00,000
- (e) Permanent partial disablement as specified in column (1) of the Table below At the rate specified in the corresponding entry in column (2) of the Table below:

**THE TABLE.**

| <i>Nature of disablement</i> |  | <i>Compensation in percentage<br/>( to be applied on Rs.1,00,000/-)</i> |    |
|------------------------------|--|---|----|
| <b>(1)</b>                   |  | <b>(2)</b>  |    |
|                              |  | <i>per cent.</i>  |    |
| (i)                          | Loss of toes.                              | All   | 20 |
|                              |  | Great both Phalanges  | 5  |
|                              |  | Great one Phalanx   | 2  |
|                              |  | Other than great, if more than one toe lost each                        | 1  |
| (ii)                         | Loss of hearing                            | Both ears   | 50 |
| (iii)                        | Loss of hearing                            | One ear   | 15 |
| (iv)                         | Loss of four fingers and thumb of one hand |   | 40 |
| (v)                          | Loss of four fingers                       |   | 35 |
| (vi)                         | Loss of thumb                              | Both Phalanges  | 25 |
| (vii)                        | Loss of index finger                       | Three Phalanges   | 10 |
|                              |  | Two Phalanges   | 8  |
|                              |  | One Phalanx   | 4  |
| (viii)                       | Loss of middle finger                      | Three Phalanges   | 6  |
|                              |  | Two Phalanges   | 4  |
|                              |  | One Phalanx   | 2  |
| (ix)                         | Loss of finger                             | Three Phalanges   | 5  |
|                              |  | Two Phalanges   | 4  |
|                              |  | One Phalanx   | 2  |

|       |  |                 |                                      |
|-------|--|-----------------|--------------------------------------|
| (x)   | Loss of little finger                                | Three Phalanges | 4                                    |
|       |  | Two Phalanges   | 3                                    |
|       |  | One Phalanx     | 2                                    |
| (xi)  | Loss of Metacarpals                                  |                 |                                      |
|       | 1st or 2 <sup>nd</sup>                               | (additional)    | 3                                    |
|       | 3 <sup>rd</sup> , 4 <sup>th</sup> or 5 <sup>th</sup> | (additional)    | 2                                    |
| (xii) | Any other permanent partial disablement              |                 | percentage as assessed by the Doctor |

(3) **Claim.-** (a) Immediately upon the happening of any accident while in pursuit of his employment resulting in death at work site, the employer shall send reports to the Labour Officer (Social Security Scheme), Assistant Director (Building and Other Construction Workers), Directorate of Industrial Safety and Health of the respective district and to the Police in Form B in Schedule II of such occurrence of the accident.

(b) In case of death of a manual worker at work site specified in item a of sub -clause (2), the claim shall be made in Form B -1 in Schedule II in Duplicate to the Labour Officer (Social Security Scheme) of the respective district:

Provided that first information report, legal heir certificate, death certificate, and postmortem certificate issued by an authority who is competent to issue such certificate or any other documents called for by the Labour Officer (Social Security Scheme) of the respective district shall be produced by the claimant.

(c) The Labour Officer (Social Security Scheme) of the respective district shall examine every application of death at worksite in accordance with the provisions of this clause and shall send the application along with detailed reports of District Collector and Assistant Director (Building and Other Construction Workers), Directorate of Industrial Safety and Health of the respective district, to the Commissioner of Labour to accord permission. The decision of the Commissioner of Labour shall be final. Once the claim application is approved by the Commissioner of Labour then the Labour Officer (Social Security Scheme) of the respective district shall sanction the compensation to the claimant.

(d) Immediately upon the happening of any accident while in pursuit of his employment resulting in loss of limbs or loss of sight, the employer shall send a report to the Labour Officer (Social Security Scheme) and Assistant Director (Building and Other Construction Workers), Directorate of Industrial Safety and Health of the respective district and to the Police in Form B in Schedule II of such occurrence of the accident. In any other case, the report of the accident may be sent to the Labour Officer (Social Security Scheme) and Assistant Director (BOCW), Directorate of Industrial Safety and Health of the respective district by the injured worker or a representative of a trade union of the employment concerned. The Labour Officer (Social Security

Scheme) and Assistant Director (Building and Other Construction Workers), Directorate of Industrial Safety and Health of the respective district shall investigate the accident occurred, in the work place either on the report of the accident received from the employer or injured worker or a representative of a trade union of the employment concerned.

(e) In case of loss of limbs or loss of eyesight specified in items (b) to (e) of sub-clause (2), the claim shall be made by the manual worker concerned in Form B-1 in Schedule II, in duplicate to the Labour Officer (Social Security Scheme) of the respective district:

Provided that the claimant should produce First Information Report, discharge summary, medical certificate, disability certificate with percentage of disability issued by a medical officer not below the rank of a Civil Assistant Surgeon or by a Government Medical Officer who treated the claimant.

(f) The Labour Officer (Social Security Scheme) of the respective district shall, after due verification sanction the compensation to the claimant.

**11 A. Personal Accident Relief for the accidents other than work site.-** (1) All registered manual workers when met with an accident outside the work place resulting in death, their nominees are eligible for Personal Accident Relief of Rs.1,00,000/-.

***Explanation.-*** For the purpose of this clause, “accident” does not include any intentional self injury, suicide, attempted suicide, injury caused while under the influence of intoxicating liquor or drugs or caused by insanity or resulting from the commission of any breach of the law, or rules, regulations or instructions applicable, from time to time.

(2) Claim.- (a) Immediately upon the happening of any accident outside the work place resulting in death, the report of the accident may be sent to the Labour Officer (Social Security Scheme) of the respective district by the nominee of the deceased worker or a representative of a trade union of the employment concerned. The Labour Officer (Social Security Scheme) of the respective district shall investigate the accident occurred on the report of the accident received from the nominee of the deceased worker or a representative of a trade union of the employment concerned.

(b) In case of death of registered manual workers outside the work place the claim shall be made by the nominee in Form C in Schedule II, in duplicate to the Labour Officer (Social Security Scheme) of the respective district:

Provided that first information report, legal heir certificate, death certificate, and postmortem certificate issued by an authority who is competent to issue such certificate or any other documents called for by the Labour Officer (Social Security Scheme) of the respective district shall be produced by the claimant. If there is delay for more than thirty days in getting

the post-mortem certificate, the certificate given by the Tahsildar in this regard shall be produced.

(c) The Labour Officer (Social Security Scheme) of the respective district shall, after due verification, sanction the compensation to the nominee.”.

(2) In SCHEDULE II,-

(i) in FORM B,-

(a) for the expression “See clause 11(3) (a)”, the expression, “See clause 11(3) (a) and (b)” shall be substituted;

(b) after the expression, “The Inspector / Sub-Inspector of Police -----,” the expression “/The Assistant Director of Industrial Safety and Health (BOCW)”, -----, “ shall be added;

(ii) in FORM-C,-

(a) for the expression “See clause 11(3) (b)”, the expression, “See clause 11 A (2) (b)” shall be substituted;

(b) in item 7, the expression “in FORM-B as per clause 11(3) (a)” shall be omitted;

(iii) Before FORM – C as so amended, the following FORM shall be inserted, namely:-

**“FORM B-1**

[See clause 11(3) (b) and (e)]

**APPLICATION FOR PAYMENT OF COMPENSATION FOR ACCIDENTAL DEATH/ DISABILITY AT WORK SITE**

To  
The Labour Officer ( Social Security Scheme )  
..... district.

1. (a) Name of the manual worker :  
(b)Address (in full) :  
(on the date of death/ disability) :  
(c) Age :  
(d) Occupation :  
:
2. (a) Area :  
(b) Place :  
(c)Taluk :  
(d) District :

3. (a) Name of the claimant/nominee :  
(b) Relationship with the deceased worker :  
(in the case of accidental death only)  
(c) Age of the claimant/nominee :  
(d) Address in full (with PIN Code No.) :
4. Date and time of accident :
5. Place of accident (Address in full) :
6. Whether intimation regarding accident has  
been given in Form B as per clause  
11(3) (a) and (d) :
7. Whether the accident resulted in death/  
loss of limb/loss of eye sight/partial injury? :
8. In the case of accidental disability, a  
certificate from a Civil Surgeon of the  
Government Hospital indicating the  
percentage of disability due to accident  
with details should be obtained and  
enclosed in original. :
9. (i) Date and time of death (in the case of  
accidental death) :
- (ii) Attested copy of First Information  
Report from the Police Station nearer  
to the place of accident to be enclosed :
- (iii) Post-Mortem Certificate should be  
enclosed in original :
- (iv) Death Certificate should be  
enclosed in original :
- (v) Legal heir certificate should be  
enclosed in original :

Signature of the claimant/nominee

### **DECLARATION BY THE CLAIMANT\*\***

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. In the event of any of the information given above is ultimately found to be false, I hereby agree to refund in full the amount received as assistance for accidental death/disability. I also hereby declare that I have not received similar benefit by claim in any other Welfare



Board or Boards constituted by the Government of Tamil Nadu or under any other Government Schemes.

Place :

Date :

of the claimant/nominee

\*\* Any false declaration / certification will entail action.

Signature

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**SANCTION**

I hereby sanction, after due verification a sum of Rs...../- (Rupees .....only) as assistance to Thiru/Tmt./Selvi.....nominee of manual worker for the accident as death / disability of Thiru/Thirumathi/Selvi .....a manual worker.

Place:

Date:

Labour Officer ( Social

Security Scheme),

.....District.

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**ACKNOWLEDGEMENT SLIP**

Received from Selvi/Thiru/Tmt..... application for sanction of assistance towards accidental death/disability at work site in respect of deceased manual worker Selvi/Thiru/Tmt. ....

Signature of the Labour Officer  
( Social Security Scheme ) with date  
.....district

Name:

Office Seal:

Designation:

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KUMAR JAYANT  
PRINCIPAL SECRETARY TO GOVERNMENT

// True Copy//

*(Signature)*  
1/3/16  
Section Officer  
*(Signature)*  
1/3/16