

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

Mob No. 8097552900 / 8097553700.

Email-swfs1966@gmail.com/swfs.dgs@govcontractor.in

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 (As per CDC Book)	Mr./Mrs./Ms. _____	
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 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.

- Self - attested copy of latest CDC book (of the applicant seafarer).
- 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.
