

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

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

Application form for Financial Assistance under 'Maternity Benefit Scheme'

(Please refer notes given below before submitting this application form.)

1.	Indian woman Seafarers' Name in full (As per her CDC Book)	Mrs./Ms.
2.	Indian CDC Book number	
3.	Indian ship-owners co. name or Recruitment & Placement Service (RPS) provider Name & Regn. No.	
4.	The Name of the Vessel last signed off	
5.	Correspondence address	
6.	Contact No. & email-id	

I, the undersigned, has undergone pregnancy delivery which took place on _____.

I now request you to grant me, financial assistance under the 'Maternity Benefit Scheme', as per SWF Society's rules as applicable for the scheme. I am submitting herewith following documents, to receive the claim under the scheme. I give below my bank account details (Bank details are mandatory, without which the application will not be processed).

Sr. No.	Documents
1	Attested copy of birth Certificate of Child
2	Copy of latest Indian CDC Book of the Indian woman seafarer showing last sign-off vessel and date
3	Attested copy of latest Indian CDC Book

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: Please attach a legible copy of the front page of Bank pass book of SB account showing applicant's name, duly attested by the Branch Manager of the bank.)

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 was not eligible, I undertake to refund the financial assistance received from SWFS, in full to the SWF Society and also authorize the SWF Society to recover the same from me from my any source of Income.

Place: _____

Date: _____ (Applicant's Signature/ Thumb Impression)

Name of Applicant: _____

Note 1: This scheme is applicable only for Indian woman seafarer holding CDC book and is effective from 21.08.2014 & hence date of pregnancy delivery should be on or after 21.08.14. The financial assistant under this scheme is restricted only for two pregnancy deliveries.

Note 2: The date of pregnancy delivery should have taken place within sixty months from the date of sign- off from the last vessel as recorded in the Indian CDC Book.

Note 3: The application for financial assistance should receive by the Society within two years period from the date of birth of the child.

FOR S.W.F.S. OFFICE USE ONLY

Application No.

Documents attached verified & the applicant found eligible/not eligible under Maternity benefit scheme for financial assistance of ₹._____.(Rupees_____only)

Checked by D.A.

Verified by (A.A.O.)

Recommended by (CAAO)

Approved by MT/MS.