Government of West Bengal
Office of the Labour Commissioner
New Secretariat Buildings, 11th Floor
1, K.S.Roy Road, Kolkata-700001

MemoNo. I/646784/2025 **Date29-05-2025**

To
The Addl. LC, North Bengal Zone

The JLC (Siliguri/ Barrackpore/ Asansol/ Kolkata)

The DLC (Barrackpore/ Durgapur/ Asansol/ Bankura/ Kalyani/ Berhampore/ Serampore/ Chandannagar/ Howrah/ South 24 Parganas/ Alipurduar/ Coochbehar/ Malda/ Raiganj/ Jalpaiguri/ Kolkata)

The ALC (Barasat/ Burdwan Sadar (North)/ Kalna/ Jhargram/ Arambagh/ Uluberia/ Kolkata/ Falta/ Purulia Sadar (East)/ Alipore/ Kurseong/ Malbazar/ Birpara/Suri)

Sub: Yearly declaration by beneficiaries under FAWLOI regarding non-employment in gainful employment

With reference to above, you are requested to take initiative to collect yearly declaration certificate from the beneficiaries under FAWLOI for the F.Y. – 2025-26 in prescribed format attached herewith.

Such applications are to be collected from the beneficiaries within 01.06.2025 to 30.06.2025.

Enclo: as stated

P. Chakraborty

(P.S. Chakraborty)
Sr. Addl. Labour Commissioner
West Bengal

Paste recent passport photo

DECLARATION (FY 2025-26)

Under: 'FAWLOI' Scheme (Labour Commissionerate)

A. **I, the undersigned do hereby declare the following:**

That I am not gainfully employed elsewhere till date.
That I have not withdrawn provident Fund in full or part.
That I am not in receipt of pension/ family pension from EPFO.
That I have not received terminal dues/ gratuity in full or part.
That in case the financial assistance received by me on the basis of false statement, I shall be bound to return the said amount to the Government.
I received the amount of benefit for the FY 2024-25 in Full/Part/Nil.....
That the bank account noted below is activated and KYC complaint and is allowed to accept e-payment.

B. Beneficiary particulars/ details:

1. Name of the Unit :
2. Name of the employee :
3. Application No. :
4. Mobile No. :
5. Aadhaar No. :
6. District name :
7. Block name :
8. State name :
9. Gender (M/F/Others) :
10. Ration Card No. :
11. Address for Communication: _____

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C. **Beneficiary Bank details:**

1. Name of Bank and Branch :
2. Bank A/c No. :
3. IFS Code (up-to-date) :

Signature of the Beneficiary

Certified that I have seen the beneficiary Sri/Smt.----------
----------and that he/she is alive on this date. He/she put his/ her signature above and that the statement is certified to be true.

Secretary of Registered Trade Union
of the concerned unit along with
Registration no. / Local MLA / Local MP
with official Seal