



ऑयल एण्ड नैचुरल गैस कॉरपोरेशन लिमिटेड  
**Oil and Natural Gas Corporation Limited,**  
प्रधान निगमित प्रशासन Head Corporate Administration  
ग्रीन हिल्स, देहरादून, Green Hills Dehradun

No. ONGC/HCA/CSEE/AKS/2023-24

Dated: 15.11.2023

**OFFICE ORDER**

1. Board Level Committee (BLC) of Asha Kiran in its 12<sup>th</sup> meeting approved continuance of Asha Kiran Scheme during the year 2023-24 for eligible beneficiaries separated before 01.01.2007.
2. Eligible beneficiaries can submit their application w.e.f 20.11.2023. Pre-printed application form can be downloaded from [www.bandhan.ongc.co.in](http://www.bandhan.ongc.co.in) **The applications shall be accepted up to 29th February 2024.** All work centres are to make arrangements to start disbursement of financial assistance under the scheme immediately upon receipt of application form. Work centres should ensure that expenditure under Asha Kiran should be within the allocated budget.
3. All payments against applications received under Asha Kiran Scheme 2023-24, are to be completed by 31.03.2024 and in no case the payment against applications received under Asha Kiran 2023-24 is to be made after 31.03.2024.
4. Asha Kiran is a Year on Year scheme and budget approved by BLC has to be utilized within the financial year i.e. 2023-2024. Budget allocation has been intimated to work centres. Additional fund requirement if any may be intimated to Head Quarters latest by 01<sup>st</sup> March 2024. **There are no changes in the other terms and conditions of the Asha Kiran Scheme of 2013 amended in 2019.**
5. Keeping in view the problems associated when Asha Kiran forms are being distributed, the following actions have been taken:-
  - i. The personal details of the beneficiary are printed on the Asha Kiran application of 2023-24 and applications are made available on the Bandhan login of the beneficiaries.
  - ii. ONGC work centres have been on boarded on the Jeevan Pramaan Portal ([www.jeevanpramaan.gov.in](http://www.jeevanpramaan.gov.in)) on which Digital Life certificate can be submitted by retired employees/beneficiaries. Work centres are requested to sensitise and encourage Asha Kiran beneficiaries to submit their Life Certificates through JPP. However Life certificate as per existing practise shall also be accepted.

6. Work Centres are requested to provide all necessary help and guidance to retired employees/beneficiaries so that Asha Kiran Scheme of 2023-24 can be implemented smoothly in time.
7. Monthly report of Asha Kiran expenditure is to be submitted by In-charge SEE in the attached annexure on 01<sup>st</sup> working day of next month.

*R.S. Narayani* 15/11/23

**(R.S.NARAYANI)**

**GGM-Head Corporate Admn.**

Distribution:-

All concerned through OR.net/Bandhan website

ANNEXURE – 1

FY 2023-24	LOCATION	BUDGET ALLOCATED FOR AK 2023-24	NUMBER OF BENEFICIARY APPLICATION PROCESSED	EXPENDITURE INCURRED	UNUTILISED BUDGET	REMARKS
NOVEMBER						
DECEMBER						
JANUARY						
FEBRUARY						
MARCH						
APRIL						
<b>TOTAL</b>						

*N. Narayana*  
*15/11/23*



# ऑयल एण्ड नैचुरल गैस कॉरपोरेशन लिमिटेड

## Oil and Natural Gas Corporation Limited

### Application for Grant of Financial Assistance Under *Asha Kiran Scheme*(2023-24)

#### A. Details of Retired Employee & the Applicant

CPF No	<input type="text"/>	Name:	<input type="text"/>
Last Designation	<input type="text"/>		
Date of Joining	<input type="text"/> - <input type="text"/> - <input type="text"/>	Date of Birth	<input type="text"/> - <input type="text"/> - <input type="text"/>
Date of Separation	<input type="text"/> - <input type="text"/> - <input type="text"/>	Last Place of Posting	<input type="text"/>
Separation Type	<input type="text"/>	Gender(√)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Whether Spouse is/was ONGC Employed Y N		If yes, please mention CPF No.	
Name & Present Address of the Applicant	DOB (If beneficiary is spouse) <input type="text"/> - <input type="text"/> - <input type="text"/>		Relationship with the retired employee (√) Self <input type="checkbox"/> Spouse <input type="checkbox"/>
PAN Card No:	<input type="text"/>	AADHAR No	<input type="text"/>

#### B. Details of Claim (along with requested amount to mitigate the emergency situation):

Sl. No.	Description of Emergency Situation Requiring Assistance under <i>Asha Kiran Scheme</i> *	Amount(Rs)
1	Item No 2	
2	Item No 3(a)	
3	Item No 3(c)	
4	Item No 5(b)	
5	Others	
6		
7		
Total		

\*Attach supporting documents. Attach extra sheet, if required.

#### C. Details of Assistance already received under *Asha Kiran Scheme* in the current financial year:

Sl. No.	Emergency Situation for which Granted	Date of Payment	Amount(Rs)
1			
2			
3			
4			
5			
Total			

#### D. Details of other Benefits Received:

##### D.1 Monthly Benefits being received under PRBS, if any:

Insurer (PRBS)	Monthly Amount (Rs)	Annuity option

##### D.2 Monthly Assistance received under *Agrani Samman*, if any:

<i>Agrani Samman</i> (Name of the Beneficiary)	Monthly Amount (Rs)	Self/Spouse

##### D.3 Monthly Income from other sources, if any:

Source of Income	Monthly Amount (Rs)	Self/Spouse

Note: Applicant should check personal details/PAN/AADHAR/Bank Details minutely. In case of any changes kindly correct it in AK 2023-24 form and intimate to I/c SEE of his/her location.

**E. Bank Details of the Applicant:**

<b>Name &amp; Address of Bank &amp; Branch</b>	
<b>Account Number: (Attach cancelled cheque)</b>	
<b>IFSC Code</b>	

**F. Certification**

**Declaration of income:** I do hereby certify that my monthly income from all the sources does not exceed Rs 17,000/- (Rupees Seventeen thousand) with an annual ceiling of Rs. 2,04,000/- (Two lakhs four thousand). The certificate is furnished for the purpose of claiming benefits under 'Asha Kiran Scheme' of ONGC. In case this information is found to be false, appropriate action can be initiated against me by ONGC including but not limited to recovery of benefits already disbursed, if any, under the said scheme.

**Date:**

**Signature of Applicant**

**Supporting Documents enclosed:**

01	Copy of PAN Card	04	Copy of Aadhaar Card
02	Copy of Medical Certificate if under 65 years	05	Others (Pl. specify)
03	Cancelled Cheque/Copy of First page of pass book		

**DIGITAL LIFE CERTIFICATE**

In case Digital Life Certificate is submitted on jeevanpramaan.gov.in, please write Pramaan Id: ..... (Copy enclosed)

**OR**

**LIFE CERTIFICATE**

***(TO BE CERTIFIED BY GAZETTED OFFICER / SERVING E2 or ABOVE LEVEL OFFICER OF ONGC / BRANCH MANAGER OF THE BANK / For beneficiaries residing outside India the life certificate should be apostilled OR certified by officer from Consulate of India)***

*It is to certify that Mr. /Mrs. .... ex-employee of ONGC, designation ..... CPF No. .... has personally appeared before me on ..... and signed in my presence. His/her signatures are appended below.*

**Place:** .....

**Dated:** .....

(Signature of Ex-Employee/Spouse)

(Signature of Certifying Officer)  
With Name, Designation

## SELF-CERTIFICATION

(Applicable in only those cases where only self-certificate is required by the ex-employees)

With reference to the Scheme 'ASHA KIRAN' introduced by ONGC to provide financial assistance to its employees who retired prior to 01.01.2007 for taking care of their emergency needs, I hereby declare that:

- i) I/My spouse was in regular service of ONGC and completed 15 years of service in ONGC.
- ii) I fulfil all the conditions of eligibility for receipt of grant under "Asha Kiran Scheme".

I, hereby furnish Self Certification in respect of those emergency situations (tick marked below) which I am presently facing and need ONGC support to mitigate those emergency situations.

Sl. No.	Item No.	Description
1	2	This is to certify that I have completed the age of 65 years on..... I am incurring the expenditure of Rs..... on special food supplements / tonics / vitamins for my health restoration, nourishment and that I have not claimed any amount for these items under ONGC post-retirement medical scheme.  <p style="text-align: right;">Signature</p>
2	3(a)	This is to certify that I have to incur an expenditure of Rs..... for provisioning of protective railings / support/ ramp in my dwelling unit.  <p style="text-align: center;">And / OR</p> <p>I have incurred an expenditure of Rs.....for taking personal assistance required due to my fragile health / movement disability for which I have not claimed any amount on this count under ONGC post retirement medical scheme.  <p style="text-align: right;">Signature</p></p>
3	3(c)	This is to certify that I have to incur an expenditure of Rs..... on the service/items of personal hygiene and safety, which are not covered under ONGC Medical Scheme.  <p style="text-align: right;">Signature</p>
4	5(b)	This is to certify that I am passing through difficult financial situation and to mitigate it, I may be granted an amount of Rs....." in the Asha Kiran Claim form for the year 2023-24.  <p style="text-align: right;">Signature</p>



**UTILIZATION CERTIFICATE**

Certified that I have incurred expenditure of an amount of Rs..... which was granted by ONGC under item 3(a) of Asha Kiran Scheme for purchase/construction of protective railings / supports / ramps in my present dwelling unit and also incurred expenditure for availing personal assistance due to fragility/age related movement disability/home nurse assistance due to partial or total disability.

In compliance of the instructions, I am forwarding this utilization certificate along with Original Bill/Payment Voucher No..... dated ..... for Rs..... to consider my application for grant of Asha Kiran for the year 2023-24.

**Date:**

**Place:**

**SIGNATURE OF THE BENEFICIARY**

**Name .....**

**CPF .....**

**Last Desig .....**

**Mobile/Telephone No.....**

**E-mail address.....**

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**FOR OFFICE USE ONLY**

**(FOR USE OF SEPARATED EMPLOYEES ESTABLISHMENT)**

Date of receipt of application (complete in all respect): \_\_\_\_\_ .

Amount recommended by ULC (Rs): \_\_\_\_\_ .

Amount Approved by the Competent Authority (Rs) : \_\_\_\_\_ (attach copy of approval).

Forwarded for payment of (Rs) \_\_\_\_\_ (Rupees \_\_\_\_\_) as per sanction of the Competent Authority, subject to pre-audit.

**Date:**

**Signature & stamp of  
I/C Separated Employees Establishment**

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**(FOR USE OF FINANCE & ACCOUNTS SECTION)**

Passed for payment of Rs..... (Rupees.....) towards financial assistance under Asha Kiran Scheme.

**Date:**

**Signature & stamp of  
Finance & Accounts Executive**

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No.

## ASHA KIRAN 2023-24

### Necessary Instructions to be followed while submitting Asha Kiran Forms:-

1. The last date for submission of Asha Kiran form 2023-24 completed in all respect is 29.02.2024.
2. The claimant/beneficiary of Asha Kiran, **if not completed 65 years** to submit **medical certificate** of qualified medical practitioner/ONGC doctor for claiming 65,000/- on special food supplements/tonics/vitamins for health restoration, nourishment.
3. Copy of PAN Card of the claimant to be provided if applying for the first time.
4. Copy of Aadhar Card
5. Copy of cancelled cheque/Front page of the pass-book of the account of bank maintained in SAP is required.
6. If spouse is claimant/beneficiary then he/she to submit the death certificate of the ex-employee if not updated in system.
7. Correct address & Phone Number should be mentioned.
8. Those who have already claimed Rs.10,000/- for provisioning of protective railings/support/ramp in dwelling unit in the Financial Year 2022-23 may submit bill/voucher along with utilization certificate.

Or

Those who have claimed Rs.10,000/- against personal assistance clause in the Financial Year 2022-23 to submit voucher along with utilization certificate.

### RECEIPT

I have received an amount of Rs 10,000/- for the financial year 2022-23 from

Shri/Smt. ....

CPF No.....for taking personal care due to his/her fragile

health / movement disability.

Revenue  
Stamp

(Signature of Assistant)

Name:

Address:

Dated:

13.