

No. D-15020/1/2024-GA

Government of India

Ministry of Jal Shakti

Department of Water Resources, RD &GR

Shram Shakti Bhawan, Rafi Marg

New Delhi, dated 16.02.2024

Circular**Subject: Contributory Benevolent Fund in the Department of Water Resources, RD &GR -reg.**

The undersigned is directed to state that in order to extend help to the employees of Ministry/ Department at the time of great financial distress, a contributory Benevolent Fund was established in 1996. In this connection a meeting was held under the Chairmanship of Deputy Secretary (Admn) at 10.30 on 8<sup>th</sup> February, 2024 in his chamber to discuss the matter pertain to Benevolent Fund. In the meeting the following deliberations have been made in respect of Benevolent Fund :

1. To make a deduction of Rs.100/- per month, per person to be added in the Benevolent fund.
2. Officials who were earlier of Benevolent fund should be revived and again be made members.
3. Fresh invitations should be made by issuing circulars to invite more people to be member in Benevolent fund.
4. Amount of money that is given as aid to beneficiaries should be increased and for that separate meeting will be held in due course of time.

2. With respect to (1), any officer/official (s) wishes to become a member of this fund voluntarily, may submit his / her application to the undersigned i.e. Secretary of the Fund as prescribed in Appendix 'A'.

Signed by Sanjeev Kumar  
Tiwari

Date: 16-02-2024 14:43:49

(Sanjeev Kumar Tiwari)  
Reason: Approved  
Section Officer(GA)/ Secretary

Tel. No. 23719816

To,

1. All Officials/ Employees of Department of Water Resources, RD &GR
2. NIC, DoWR, RD &GR for uploading on intra net .

Appendix -A

**Application form for Membership of the Benevolent Fund**

1.	Name (in full) (Ms./Smt./ Shri)	
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I/93283/2024

2.	Designation	
3.	Father's/Husband's Name	
4.	Date of Birth	
5.	Date of Retirement	
6.	Whether Permanent or Temporary	
7.	Name of Section/Office, where working	

I hereby declare that I have read the Model Rules of the Benevolent Fund and am desirous of becoming a member of this Fund voluntarily. I agree to pay Rs. ....(Rs..... ) monthly/ annually towards the subscription of this fund.

Signature

Name (in full) \_\_\_\_\_

Designation \_\_\_\_\_

Date \_\_\_\_\_

**Verification certificate from Administration Wing/ Section of the Department.**

Certified Ms./Smt./Shri \_\_\_\_\_ son/wife/daughter of Ms./Smt./Shri \_\_\_\_\_ is regular/ temporary servant in the grade of \_\_\_\_\_ of in this Ministry/ Department / office.

Signature of the

Office Incharge of Administration