



# West Bengal State Electricity Distribution Company Limited

(A Govt. of West Bengal Enterprise)

Vidyut Bhavan, Bidhannagar : Kolkata – 700 091

CIN: U40109WB2007SGC113473

CIRCULAR CHA/13

DATE: 15.06.2022

Guidelines regarding submission of family dependant details of employees of the organization has been issued through different Circulars (vide Ref No.: 21 dtd. 22.02.2016 & 05/2018 dtd. 18.06.2018) & Office Orders (vide Ref No.: P/72 dtd. 10.09.2012) from time to time. However, in quite a large no. of occasions it has been observed that the proposals are either submitted incomplete or such proposals are raised at the last moment only when it is of utmost necessity. During that time, with no relevant supporting documents to justify the claims of the employee concerned, it often leads to non-admissibility of the dependant benefits to the employees' family members. In view of the above, it is felt necessary to review and formulate a revised guideline which will make the application process simpler on part of the employee and also enable availing the facility when needed as per his/her entitlement.

Accordingly, a detailed modality vis-à-vis process flow has been framed in the following manner:

- An employee intending to include/modify any family member as a dependant of him/her shall be required to submit an application enclosing a Family Dependand Declaration (in prescribed format-Annexure-A) duly completed in all respect.
- The site office shall conduct a preliminary checking of the enclosed documents based upon the eligibility criteria (as per Annexure-B) and enclose a duly authenticated checklist (Annexure-C) along with the proposal.
- Affidavit shall have to be submitted wherever applicable. [Annexure-D]
- The proposal is to be directly submitted to ES & ER-I Cell (for Class-I employees) and to ES & ER-II Cell (for Class-II/III/IV employees ) where preliminary verification shall be conducted for issuance of necessary administrative order on marital status/child's detail inclusion, etc.
- The proposal shall be re-verified at HCM Cell and the details of the family dependant members shall be maintained/updated in ERP system subject to approval of the competent authority

Updation of family dependant record shall be made on the basis of the declaration of the employee coupled with verification of documents as may be felt necessary. The onus of submitting correct information lies entirely upon the employee concerned and any inconsistency/misinformation/false information/fabricated information shall be viewed seriously, as such, the responsibility shall lie entirely upon the concerned employee.

Registered Office: Vidyut Bhavan, Block –DJ, Sector –II, Salt Lake City, Kolkata – 700 091

Company Website: [www.wbsedcl.in](http://www.wbsedcl.in)

**WBSEDCL**



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The ERP database shall be maintained in such a manner that uniformity of record is maintained at all levels i.e for the employees (through ESS portal) and the official purposes (for ES & ER-I/ES & ER-II/Corp. Medical Cell, etc.). Simultaneously, necessary records shall have to be maintained in the Service Book of the employee by the concerned unit.

This may be widely circulated for greater awareness amongst all the employees in the best interest of all concerned. All concerned are hereby advised to follow the aforesaid guidelines strictly and in its true spirit.

This takes immediate effect.

Encl.: Relevant Annexures

(A.K. Latua)  
Director (HR)

Registered Office: Vidyut Bhavan, Block –DJ, Sector –II, Salt Lake City, Kolkata – 700 091

Company Website: [www.wbsecl.in](http://www.wbsecl.in)

**WBSEDCL**

Distribution:

- 1) Advisor (S&V), WBSEDCL.
- 2) Legal Advisor, WBSEDCL.
- 3) Chief Engineer: Distribution/ P&E/ Dist. Project/ Project-II/ Project -III/ Commercial/ RE/ IT&C/ PPSP/ PTP/ Regulation/ Communication/ Safety/ PPSP/ EMD/ CRM/ PIDD/ P&C/ SPGD/ R&EM/ DTD/ PSPD/ TPSP, WBSEDCL.
- 4) Chief Engineer, Hydel HQ, WBSEDCL
- 5) Project Manager, RHP/TCFHP/JHP, WBSEDCL.
- 6) Project Site-in-Charge, PPSP Site Bagmundi, WBSEDCL.
- 7) General Manager: (HRD/Trg./PM), WBSEDCL.
- 8) General Manager (F&A): Corporate/ I.A., WBSEDCL
- 9) Company Secretary, WBSEDCL.
- 10) Addl. Chief Engineer: DSM, WBSEDCL.
- 11) Officer on Special Duty, WBSEDCL.
- 12) Chief Vigilance Officer, WBSEDCL.
- 13) Chief Security Officer, WBSEDCL
- 14) Zonal Manager: Kolkata/ Burdwan/ Midnapore/ Berhampore/ Siliguri Zone, WBSEDCL
- 15) Addl. Genl. Manager (HR&A): SSC/ CLM/ ES & ER-II/ ES & ER-I/ Distribution/ Corporate HR/ Legal/ Vigilance/ R & MP/ Land Acquisition Cell/ Common Service Cell/ Board, WBSEDCL.
- 16) Project Manager: Siliguri/ Raiganj/ Berhampore/ Barast/ Burdwan/ Jalpaiguri/ Coochbehar/ Coochbehar Special RE Project/ Balurghat/ Malda/ Murshidabad/ Nadia/ West Midnapore/ East Midnapore/ Bankura/ Baruipur/ Diamond Harbour/ Howrah/ Hooghly/ Suri/ Purulia RE Project, WBSEDCL.
- 17) Addl. Genl. Manager (F&A): Corp.-Finance/ B&A/ MIS/ RE/ Terminal Claims/ Hydel/ Insurance/ Project-II/ Regulations/ Risk Management/ Indirect Tax/ Distribution, WBSEDCL.
- 18) Superintending Engineer: Silguri/Durgapur Testing Circle, WBSEDCL
- 19) Advisor & CPRO, WBSEDCL.
- 20) Chief Medical Officer, WBSEDCL.
- 21) Regional Manager: Alipurduar/ South 24-Parganas/ Bidhannagar/ North 24-Parganas/ Howrah/ Hooghly/ Purba Bardhaman/ Paschim Bardhaman/ Birbhum/ Purba Midnapore/ Paschim Midnapore/ Bankura/ Purulia/ Nadia/ Murshidabad/ Malda/ Raiganj/ Dakshin Dinajpur/ Coochbehar/ Jalpaiguri/ Darjeeling Region, WBSEDCL.
- 22) Divisional Manager: Behala/ Baruipur/ Garia/ Diamond Harbour/ Joynagar/ Bhangar/ New Town/ Bidhannagar-I/ Bidhannagar-II/ Howrah-I/ Howrah-II/ Uluberia/ Barrackpore/ Naihati/ Barasat/ Basirhat/ Baduria/ Habra/ Serampore/ Singur-Haripal/ Tarakeswar/ Arambag/ Chandannagar/ Mogra/ Kalna/ Katwa/ Memari/ Burdwan North/ Burdwan South/ Durgapur/ Asansol/ Suri/ Rampurhat/ Tamluk/ Contai/ Haldia/ Ghatal/ Midnapore/ Kharagpur/ Bankura/ Belda/ Bishnupur/ Purulia/ Raghunathpur/ Kalyani/ Krishnanagar/ Tehatta/ Domkol/ Ranaghat/ Berhampore/ Kandi/ Raghunathganj/ North Malda/ South Malda/ Jiaganj/ Dinhata/ Uttar Dinajpur/ Dakshin Dinajpur/ Buniadpur/ Jalpaiguri/ Balurghat/ Alipurduar/ Coochbehar/ Nakashipara/ Darjeeling/ Siliguri Town/ Siliguri Suburban/ Kurseong/ Islampur/ Kalimpong/ Khatra/ Bolpur/ Bongaon/ Canning/ Egra/ Jhargram/ Kakdwip/ Mal/ Mathabhanga Division, WBSEDCL.
- 23) Manager (F&A): Estb. Corporate, WBSEDCL
- 24) Manager (Store), Chord Road Central Stores, WBSEDCL.
- 25) P.S. to CMD/ Director (HR)/ Director (Dist.)/ Director (Generation)/ Director (Project)/ Director (RT)/ Executive Director (Commercial)/ FA&CFO, WBSEDCL

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**WBSEDCL****WEST BENGAL STATE ELECTRICITY DISTRIBUTION COMPANY LIMITED**

(A Government of West Bengal Enterprise)

Regd Office : Vidyut Bhavan, Bidhannagar, Block-DJ, Sec-II, Kolkata-700091

CIN : U40109WB2007SGC113473, Website : [www.wbsedcl.in](http://www.wbsedcl.in)**FAMILY DEPENDANT DECLARATION FORM**

1. Name of the Employee (in Block Letter) :
2. Employee Number (ERP ID / Legacy ID) : \_\_\_\_\_ (ERP ID) / \_\_\_\_\_ (Legacy ID)
3. Designation :
4. Place of Posting :
5. Date of joining in the Company's Service :
6. Date of Superannuation :
7. Father's / Husband's Name :
8. Mailing Address :
9. Permanent Address :
10. Contact Number :

| SL No | Name | Relationship with the employee | Gender | Date of Birth # (D.O.B) | Occupation # | Monthly Income # | Whether residing with the employee (Yes/No) # |
|-------|------|--------------------------------|--------|-------------------------|--------------|------------------|-----------------------------------------------|
|       |      |                                |        |                         |              |                  |                                               |
|       |      |                                |        |                         |              |                  |                                               |
|       |      |                                |        |                         |              |                  |                                               |
|       |      |                                |        |                         |              |                  |                                               |
|       |      |                                |        |                         |              |                  |                                               |
|       |      |                                |        |                         |              |                  |                                               |
|       |      |                                |        |                         |              |                  |                                               |

This is to declare that the above information furnished by me is true to the best of my knowledge and belief. In case of any inconsistency/misinformation/false information/fabricated information the responsibility shall lie entirely upon me.

Date : \_\_\_\_\_

\_\_\_\_\_  
(Signature of the Employee)\_\_\_\_\_  
(Signature of Reporting Authority with date)\_\_\_\_\_  
(Signature of Head of Office / Controlling Officer with date)**# - Mandatory fields****Occupation Type (Ready reckoner):**

| Govt Service / Semi Govt. Service | Private Job | Student | Housewife | Un-employed | Business | Self Employed | Retired with Pension | Retired without Pension | Others |
|-----------------------------------|-------------|---------|-----------|-------------|----------|---------------|----------------------|-------------------------|--------|
| GT                                | PJ          | ST      | HW        | UN          | BU       | SE            | PN                   | RT                      | OT     |

**Eligibility Criteria for Dependency of a family member upon an Employee****1) Age:-**

|                                        |                           |
|----------------------------------------|---------------------------|
| Parent (Father/Mother) of the employee | No upper age limit        |
| Child/Stepchild (Male)                 | Upto 25 yrs of age        |
| Child/Stepchild (Female)               | Till marriage/Re-marriage |
| Minor Brother/ Minor Sister*           | Upto 18 yrs of age        |
| Spouse                                 | No upper age limit        |
| Unmarried sister*                      | Till marriage             |

\* The following conditions may be observed while considering family members as dependants:

- Minor Brother/ Minor Sister—Only if parents are dependant on the employee or is/ are deceased
- Unmarried sister-- Only if parents are dependants on the employee or is/are deceased & monthly income from all sources does not cross the income ceiling as per Company norms (present threshold limit is Rs. 8,650/- per month)

**2) Income from all sources:-**

- a) As per prevailing Company norms & amended from time to time.
- b) If family income from all sources (income of either or both parents considered together) is more than the stipulated threshold limit, none of the parents shall be dependant on employee.
- c) If income of spouse is more than threshold limit, he/she shall not be entitled to Medical benefit at WBSEDCL as a dependant of employee.

**3) Other Criteria:**

- Spouse irrespective of the fact whether residing or not with the employee, may be admissible for Medical / HTC / LTC benefit, subject to fulfillment of provisions as per relevant clause in the affidavit. Necessary document is required to be submitted by the employee in support of the declaration.
- Spouse (if a salaried individual) may be eligible only for HTC & LTC if he/she is not entitled/ drawing any such benefit in his/her organization. In such case necessary document shall have to be produced during claim settlement process.
- In case dependant member(s) is/are retired person(s) and /or pension holder(s) drawing pension to the amount less than the stipulated threshold income limit shall qualify as dependant on the employee [similar to stipulation Sl. No. 2(b)].

**Documents Required****1) Family Dependant Declaration Form**

-- Should be in prescribed format and complete in all respect as per prevailing Company guidelines.

-- Mention the name of members only who are to be considered as dependant on the employee (either for any one or all of the benefits---- Medical/LTC/ HTC).

(In case the child/children are to be considered as dependant on the employee (applicant), where both parents of the child are working at WBSEDCL, spouse details need to be furnished mentioning SAP ID and no Affidavit is required in this regard)

-- Mention full D.O.B of the dependants (DD/MM/YYYY format) for all concerned.

-- Form should bear signature of the Reporting Authority & Head of the Office /Controlling Officer with date and official seal (as applicable).

- 2) **D.O.B proof** (DD/MM/YYYY) -- Birth Certificate/School Leaving Certificate issued by appropriate authority or copy of Admit card of Madhyamik or equivalent/ copy of Admission Register(School)
- 3) **Proof of Marriage**-- In case of availability of any administrative order on marital status update of the employee previously issued by ES & ER-I/II Cell, WBSEDCL, the same may be enclosed with the proposal. Alternatively, a self-attested copy of Marriage Certificate/ a separate Affidavit from 1<sup>st</sup> class Judicial Magistrate shall have to be submitted.
- 4) **Proof of Income of parents (Pensioner):** A copy of PPO/ Bank passbook (Front page containing details of Account Holder & Income statement) is needed i.r.o dependant parents.
- 5) **Declaration** mentioning details of previous occupation and the monthly total income during the concerned period is required from the employee in case the present income status i.r.o dependant members (parents/spouse/unmarried sister, others) is declared as 'NIL' in the **Affidavit**.
- 6) **Declaration** mentioning reasons as to why spouse shall be considered dependant inspite of her not residing with employee, as applicable).
- 7) **Affidavit (in original)** in prescribed format sworn before 1<sup>st</sup> Class Judicial Magistrate i.r.o the dependant members (other than spouse as 'HOUSEWIFE' and/ or child/stepchild/minor sister)] need to be submitted by the employee.

***[Self-attested copies of all relevant documents are required to be enclosed with the proposal except any statutory document/certificate issued by appropriate authority]***

**All proposals to be submitted addressed to:** ES & ER-I Cell, Vidyut Bhavan, Kolkata—Class-I employee  
ES & ER-II Cell, Vidyut Bhavan, Kolkata—Class-II/III/IV employee

**Checklist of Documents Enclosed i.r.o Family Dependant Declaration**

(Put Tick mark wherever applicable)

Name of the Employee: \_\_\_\_\_

Designation: \_\_\_\_\_

Name of Unit: \_\_\_\_\_

SAP ID: \_\_\_\_\_ Employee ID: \_\_\_\_\_

- Family Dependant Declaration Form duly filled-in and signed by the Controlling Officer (in original)
- Proof of Marriage
- Age Proof (dd/mm/yyyy) i.r.o all dependant family members
- Proof of Income from all sources i.r.o all dependant family members (except minor child) mentioning occupation details (from the list mentioned therein)
- Affidavit before a 1<sup>st</sup> Class Judicial Magistrate (in original) in prescribed format to be sworn in by the employee stating interalia the total income of his/her dependants from different sources & declaration on residential status i.r.o dependant family members living in house owned / rental separately as mentioned therein.
- Last Drawn Pay particulars (for parents drawing pension).
- Any other declaration/document submitted by the employee (if any) [mention 'NIL' if not applicable]----

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All the above enclosed documents are found in order and enclosed with the proposal.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Controlling Officer of the unit)/  
Signature of HR & A Officer of the unit  
With Office Seal

[N.B: In absence of any HR & A officer in the unit, the Controlling Officer shall have to certify this format.]

**DRAFT AFFIDAVIT FORMAT**

(To be executed on Non-Judicial stamp paper of Rs.10/-)

I, Sri / Smt....., son / daughter of Sri....., aged about.....years (D.O.B:.....DD/MM/YYYY), by faith....., by occupation....., resident of ....., do hereby solemnly affirm and declare as follows:

1. That I am a citizen of India and an employee of WBSEDCL.
2. I am presently posted at .....[Unit name] , as.....[Designation], ERP ID..... & Employee ID.....
3. That Sri.....is my father, he is aged.....years as on ..... (D.O.B:.....DD/MM/YYYY), by occupation....., at present his monthly income from all sources (including interest from bank & other sources like agricultural / commercial activities) is Rs:..... (in words) and he resides / doesn't reside (living in a house owned or rental separately), as applicable, with me.
4. That Smt.....is my mother, she is aged.....years as on ..... (D.O.B:.....DD/MM/YYYY), by occupation....., at present her monthly income from all sources (including interest from bank & other sources like agricultural / commercial activities) is Rs:..... (in words) and she resides / doesn't reside (living in a house owned or rental separately), as applicable, with me.
5. That Sri / Smt.....is my spouse, he / she is aged.....years as on ..... (D.O.B:.....DD/MM/YYYY), by occupation....., at present his / her monthly income from all sources (including interest from bank & other sources like agricultural / commercial activities) is Rs:..... (in words) and he / she resides with me / resides in a separate establishment.
6. That my father &/ mother (as applicable) is/ are fully dependant upon me for the expenditure likely to be incurred behind his/her/their medical treatment as he/she/they have no medical insurance facility.
7. That the statement in the foregoing paragraph are true to the best of my knowledge and belief and if any part is proven false, I shall be held liable for that under sec.192 of The I.P.C.
8. That any subsequent addition / deletion of any family member due to marriage / birth / adoption / divorce / legal separation / death / etc. the particulars of the added / deleted members will be intimated to the concerned department tendering necessary supporting documents in order to prove my contention.

\_\_\_\_\_  
Signature of the Deponent

Identified By 1<sup>st</sup> Class Judicial Magistrate

Signature of Parents / Spouse as witness.

1. Father : .....
2. Mother : .....
3. Spouse : .....