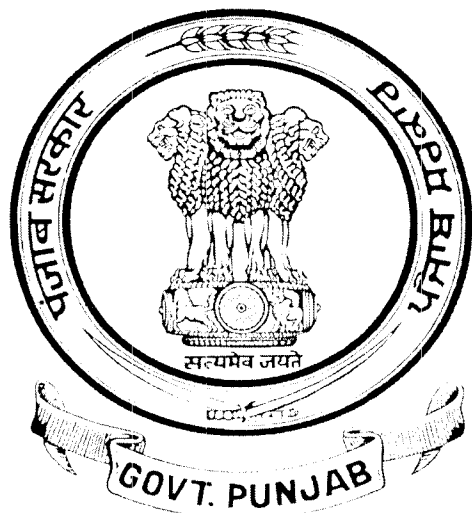


Government of Punjab

ਪੰਜਾਬ ਸਰਕਾਰ



Handbook

of

Benefic ary Oriented Programmes / Schemes for Rural,  
Populace, Public Representatives and Govt. officials

ਲਾਭਪਾਤਰੀ ਅਨੁਕੂਲ ਸਕੀਮਾਂ ਅਤੇ ਪ੍ਰੋਗਰਾਮਾਂ ਲਈ ਹੈਂਡਬੁੱਕ

ਸਹਿਕਾਰਤਾ ਵਿਭਾਗ, ਪੰਜਾਬ

ਦਫਤਰ: ਵਿਭਾਗੀ ਮੁੱਖੀ,

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**Promotion of Agricultural Mechanization for In-Situ Management of Crop Residue Scheme.**

1	Objective	Promotion of Agricultural Mechanization for In-Situ Management of crop residue in the State of Punjab
2	Eligibility Criteria/Who can apply	Primary Agriculture Cooperative Societies (PACS)
3	Benefits/Assistance given	80% subsidy on purchase of Agriculture Implements for crop residue Management
4.	Format of Application Form (to be attached as Annexure)	Resolution passed by PACS Managing Committee regarding purchase of implements.
5.	List of document required to be submitted by the beneficiary (attach specimen formats as Annexure (s), wherever required.	Resolution of PACS Committee
6.	How to apply/Procedure to submit application	Resolution copy and Registration of PACS on Agriculture Department Portal
7.	Where to submit application	Assistant Registrar cooperative societies concerned
8.	Service delivery time-line	Availability of Subsidy
9.	Formats of sanctions to be received by the beneficiary (to be added as Annexure)	Bills regarding purchase of agricultural implements
10.	Whom to contact	Assistant Registrar Cooperative Societies Concerned

**BHAI GHANIYA SEHAT SEWA SCHEME 2018-19**

1	Objective	Bhai Ghaniya Sehat Sewa Scheme aims at financially enabling the underprivileged community to access the best of healthcare facilities in the State.
2	Eligibility Criteria/Who can apply	Employees, retired employees and those who have served the Department of Cooperation/office of the Registrar Cooperative Societies, for the members/employees (including retired employees) of the Eligible Cooperative Societies, Punjab and employees of the Bhai Ghaniya Trust and their families, across the State of Punjab and Chandigarh and Savings bank Account Holders of PSCB/CCB.
3	Benefits/Assistance given	Bhai Ghaniya Sehat Sewa Scheme (BGSSS) provides health insurance cover against treatment requiring indoor hospitalization and other listed ailments up to Rs. 2 lakhs per family per annum.
4	Format of Application Form (to be attached as Annexure)	Attached at annexure 'A'.
5	List of document required to be submitted by the beneficiary (attach specimen formats as Annexure (s), wherever required.	Mobile phone number and any valid photo I.D. proof.
6	How to apply/Procedure to submit application	Applicant can apply through the concerned Secretary of PACS/Branch Manager of Cooperative Bank /Central Cooperative Bank.
7	Where to submit application	The application form should be submitted to concerned Society Secretary or Branch Manager PSCB/CCB.
8	Service delivery time-line	As fixed with the consent of Insurer/TPA/Bhai Ghaniya Trust from time to time.
9	Formats of sanctions to be received by the beneficiary (to be added as Annexure)	A beneficiary can avail health treatment by showing issued health card along with any valid photo I.D. proof.
10	Whom to contact	Beneficiary can contact Mr. B.S. Bhatia, Manager Bhai Ghaniya Trust –Mobile No. 85588-15606 and office telephone No. 5014900, and MD India Health Insurance TPA at Toll free No. 1800-233-5758 and 0172-2236540.

**BHAI GHANHYA SEHAT SEWA SCHEME-2018-19**

United India Insurance Co. Ltd.

**Member Enrolment Form**

<b>District Name:</b>	<b>Name of AR Circle:</b>
<b>Name of Society:</b>	<b>Mobile Number of Society Secretary:</b>
To Be Filled By United India Insurance Company Ltd.	
<b>Underwriting Decision:</b> <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Partially Rejected	
<b>Reason for Rejection:</b> _____	
Signature of Underwriter: _____ Stamp of Underwriter: _____	

Main Member's Detail				Dependent's Detail				
Name	Date of Birth	Sex (M/F)	SN	Name	Relation	Sex	Date Of Birth	Mobile No.
			1					
<b>Mobile No:</b>			2					
<b>Last Year's Card Number (If Available):</b>			3					
			4					
<b>Signature of Main Member:</b>			5					
			6					
			7					
			8					

<b>A. Premium of Main Member</b>	<b>No. of Dependent Enrolled (C)</b>	<b>Premium of per Dependent (D)</b>	<b>B. Total Premium of Dependent (Cx D)</b>	<b>Total Premium (A+B)</b>
Rs. 1149		Rs. 433	Rs.	Rs.

The beneficiary shall be entitled to visit only the empaneiled Network Hospitals and avail medical facilities for the ailments covered under the Scheme on cashless basis, by producing I.D. Card to the Network Hospital at its IPD reception within 3 days from the date of first visit to 24 hrs of admission in case of planned hospitalization and within 6 hrs before the discharge in case of emergency hospitalization. In case of failure on the part of the member due to any reason whatsoever, to produce ID card to the hospital within above stipulated time period, he/she shall not be entitled to either cashless treatment or reimbursement of expenses incurred in the Network Hospital and shall have to make the full payment to the Hospital at the time of discharge. For the members undergoing joint replacement, the valid age proof will be required to be produced to the Network hospital along with the I.D Card at its IP D Reception.

The beneficiaries shall also be entitled to avail treatment from the Govt. Hospital, by settling the bill directly to the Govt. Hospital, by paying all the charges at the time of discharge from the Govt Hospital. In such cases of treatment in Govt Hospitals, the beneficiary shall later submit all the bills of the Govt. Hospital, documents related to treatment in the Govt Hospital, along with the filled and signed Claim Form as per the checklist to any of the offices / district coordinators of TPA to seek reimbursement from the TPA within 90 days from the date of discharge from the Govt.Hospital. The claims received by the TPA after lapse of 45 days of date of expiry of the Policy Plan Period shall not be entertained by the TPA for processing and settlement. Member can seek reimbursement only in case of the treatment in the Govt. Hospitals.

Hospitalization/admissions taking place on/at or before 12.00 P.M. (midnight) of the last day of the Policy Plan Period shall be covered under the Policy. Any admission taking place after 12 P.M. (midnight), of the said day shall not be entertained for issuance of pre-authorization for cashless access or settlement of claim under the Policy.

Claims received after 45 days of date of expiry of the Policy Plan Period, due to any reasons whatsoever including continuous stay/ indoor treatment of the patient in the Network Hospital and Govt. Hospital for 45 days after the date of expiry of the Policy Plan Period, shall not be accepted by the TPA, even if the date of admission of the Beneficiary making such claim is falling before 12.00 P.M. (midnight) of last day of the expiry of the Policy Plan Period.

The beneficiary shall be entitled to the benefits of the scheme, with effect from the date of start of the Policy Plan Period, irrespective of the date of filling of the Enrollment Form, payment of the premium to the society or payment of the premium by the society to the Trust and date of issuance/ date printed on the I.D Card by the TPA.

Towards compliance with the cancellation clause contained in the standard mediclaim policy product filed by the Insurer with the Insurance Regulatory & Development Authority (IRDA) under the stipulated "File & Use Procedure", which the Insurer should have earlier represented at the time of submission of the Tender Document to the Trust, as being applicable and legally binding for the purposes of issuing the Policy to the Trust, the Trust agrees that the Insurer shall be entitled to cancel the Policy and to terminate the Agreement by giving a prior notice of ninety days to the Trust. The Trust/ Quarter Concerned will not be legally or financially responsible in any manner whatsoever, for the benefits under the scheme after the date of cancellation of the Policy.

The complete financial and legal liabilities, if any, arising consequent to the operationalization of the Scheme or the Policy, shall rest exclusively and unconditionally with the TPA & the Insurance Company. Member shall not hold the Trust responsible in any manner whatsoever, for any matter whatsoever arising consequent to the operationalization of the Scheme. The role of the Trust/ Concerned Quarter is only confined to the passing on the premium paid by the member to the Insurer, on his/her behalf.

The above information supplied by me is correct to the best of my knowledge and belief. I hereby unconditionally consent that if any misrepresentation in the information supplied by me in this enrolment form is found at any stage, along with my family shall no longer remain eligible for any of the benefits under the Scheme. I certify that I am the Main Member as per the eligibility criteria. I have voluntarily opt to become a beneficiary under the Scheme along with my Family Members and hereby authorize the Trust/ my department/office/ Concerned Quarter to pass on the Premium paid by me, as to the Insurer on my behalf as per the terms and conditions of the Scheme. The copy of the Scheme is available with the secretary of my cooperative society/department/office/ Concerned Quarter. I have read and understood all the terms and conditions of the scheme. I undertake to abide by and adhere to the terms and conditions of the Scheme at all times. Further, I unconditionally agree that only the courts at Chandigarh alone shall have the exclusivity to entertain any petition or claim by any beneficiary under this Scheme and that the Trust/ my department/office/ Concerned Quarter shall not be legally and financially liable towards any Beneficiary.

I hereby give my consent to become a member of the Bhai Ghanhya Sehat Sewa Scheme for 2 years and allow payment/deduction of the premium from my account by society secretary or my behalf for insurance scheme of 2 years. I agree to pay the premium of the eligible members of my family for the second policy plan period of second year at least 3 months prior to expiry of first policy plan period.

Further, I also declare that this opt-out declaration made is final, irrevocable and wholly binding on me.

The Policy Plan Period shall start from the date notified by the Insurance Company through newspapers irrespective of the date of filling up of the Enrollment Form, payment of the Premium to the society or payment of the Premium by the society to the Trust/ my department/office/ Concerned Quarter and date of issuance/ date printed on the I.D Card by the TPA.

Place \_\_\_\_\_

Date \_\_\_\_\_ Signature of Main Member \_\_\_\_\_

<b>Name of Society Secretary:</b>	<b>Name of Deputy Registrar:</b>
<b>Signature with Seal:</b>	<b>Signature with Seal:</b>
<b>Date:</b>	<b>Date:</b>

**MAI BHAGO ISTRI SASHAKTIKARAN SCHEME**

1	Objective	The scheme envisages to strengthen women especially in rural areas in single/individual capacity or clusters or groups. The objectives of the scheme is to strengthen their activities through training at convenient places, hassle free credit and assistance. It will ensure marketing of products made by such self employed women through the network of primary societies as well as the Apex/State organizations like MARKFED & MILKFED .
2	Eligibility Criteria/Who can apply	Any women can apply for this scheme
3	Benefits/Assistance given	<p>a) Free training to women under this scheme.</p> <p>b) Wherever loans/micro finance is required by individual women entrepreneur, it will be provided by the CCBs within one month. CCBs will not ask for any tangible security for the loans upto Rs.25000/-. The Committee which has been constituted for financial matters had raised the loan limit of Rs.25000/- to 50,000/-. This loan limit of Rs.50,000/- is to be given to the members through PACS in two installments. Rs 50,000/- loan limit is not to be given defaulter members and to those members who have already utilized the first installment of Rs 25,000/-by initiating the work for which loan was availed. The Rate of Interest is 9%.</p> <p>No bills regarding utilization etc. are required to be submitted .Only Inspector, Cooperative Societies will certify the utilization of the loan</p>
4	Format of Application Form (to be attached as Annexure)	NIL
5	List of document required to be submitted by the beneficiary (attach specimen formats as Annexure (s), wherever required.	NIL
6	How to apply/Procedure to submit application	Inspector of Cooperative Department (Incharge of the society) along with the secretary of the society will identify and activate a group of women. Strength of this group can vary from society to society and initially a group of at least 7-10 women shall be activated and these women be made nominal members of the PACS. But PACS will retain the role of a facilitator in all situations

7	Where to submit application	Concerned Assistant Registrar Cooperative Societies.
8	Service delivery time-line	None
9	Formats of sanctions to be received by the beneficiary (to be added as Annexure)	None
10	Whom to contact	Concerned Inspectors and Assistant Registrar Cooperative Societies of the division and concerned circle