

LABOUR SECRETARIAT

NOTIFICATION

NO: LD 106 LET 2019, BENGALURU, DATED: 01.10.2019

In exercise of the powers conferred by Section 62 of the Building and Other Construction Workers' (Regulation of Employment and Conditions of Service) Act, 1996 (Central Act No. 27 of 1996), the Government of Karnataka after consultation with the Expert Committee, hereby makes the following rules further to amend the Building and Other Construction Workers' (Regulation of Employment and Conditions of Service) (Karnataka) Rules, 2006 namely:-

RULES

1. Title and Commencement:- (1) These rules may be called the Building and Other Construction Workers' (Regulation of Employment and Conditions of Service) (Karnataka) (Amendment) Rules, 2019.

(2) They shall come into force from the date of their publication in the official gazette.

2. Substitution of rule 33.- For rule 33 of the Building and Other Construction Workers' (Regulation of Employment and Conditions of Service) (Karnataka) Rules, 2006 (hereinafter referred to as the said rules) the following shall be substitute, namely:-

"33. Maintenance of Audit and Accounts.- (1) The accounting year of the Board shall be from First day of April to Thirty first day of March of the succeeding year.

(2) The Board constituted under sub-section(1) of section 18 of the Act is a non revenue earning entity and the funds/receipts accruing to the Fund specified in sub-section (1) of Section 24 of the Act, as detailed under sub-rule (7) below, shall not constitute income of the Board.

(3) The Board shall follow Cash System of Accounting in keeping its books of account and compilation of annual financial statements.

(4) The Board shall keep proper books of account with respect to all sums of money received and expended by it and the matters in respect of which the receipt and expenditure takes place as also all the assets and liabilities of the Board at the State Board Office and at all other places within the State where financial transactions related to the Board takes place.

(5) The Board shall compile annual financial statements comprising of (a) Receipts and Payments Statement for the year; (b) Building and Other Construction Workers' Welfare Fund Account; and (c) Statement of Affairs as at the close of the year.

(6) The Board as Custodian of the Fund, shall hold it for and on behalf of the eligible beneficiaries under the Act to be applied in accordance with the provisions of sub section (2) and (3) of Section 24 of the Act for discharge of the functions stipulated under Section 22 of the Act.

(7) The Board shall constitute and hold the Fund as a liability in its books, to which shall be credited the following amounts:

- any grants and loans made to the Board by the Central Government under section 23 of the Act;
- all contributions made/received from the beneficiaries as defined under the Act;
- any cess levied and collected under section 3(1) of the Building and Other Construction Workers' Welfare Cess Act, 1996;
- any interest on the Fund amounts held in the Bank accounts/deposits;
- any other receipts accruing to the Board in the discharge of its functions as stipulated under section 22 of the Act.

(8) All the expenditure related to discharge of the functions of the Board stipulated under section 22 of the said Act, together with expenses on salaries, allowances, remuneration of the members, officers and employees of the Board, as also on Board administration and such other expenditure on the objects and for purposes authorized by the Act, shall be charged to the Fund and balance in the Fund at the close of the financial year carried forward as liability in the books for being applied for the functions of the Board in the succeeding financial year and so on".

3. Amendment of Rule 39.- In Rule 39 of the said Rules, for sub-rule (7) the following shall be substituted, namely:-

"(7) The amount of pension shall not exceed a sum of Rs.2000/- (Rupees two thousand only) per month and the beneficiary shall not avail similar benefit under any of the Government schemes."

4. Insertion of New Rule 39A.- After Rule 39 of the said Rules, the following shall be inserted namely:-

"39A. Family Pension, eligibility, procedure and sanction.-(1) The spouse of the deceased registered building and other construction worker drawing pension under Rule 39 is eligible for Family Pension.

(2) The spouse of the deceased registered building and other construction worker who is eligible for Family Pension under Sub Rule (1) above, shall submit his application in Form XIIB to the Board.

(3) Every application under sub rule (2) shall be accompanied by following documents namely:-

- Death Certificate of the deceased registered worker who drawing pension

- b) Document from Revenue Department to support that the applicant is the spouse of the deceased registered worker drawing pension
 - c) Copy of Bank Pass Book of the applicant
 - d) One Passport Size Photo
- (4) If the Board after verifying the application is satisfied that the applicant is eligible for the claim shall be sent to the spouse of the registered building or other construction worker, the Family Pension Order along with the electronically generated Pension Identity Card with a Unique Pension Order number.
- (5) The amount of Family Pension shall not exceed fifty percent of the pension amount per mensem, earlier drawn by the registered building or other construction worker and this shall be credited to the Bank Account of the applicant.
- (6) If the Board after examining the application finds that the applicant is not eligible for the claim, such application shall be rejected only after giving an opportunity of being heard to the applicant.
- (7) In case of death, the legal dependants or heirs of the family pensioner shall inform the Board about the death along with the death certificate of the family pensioner.
- (8) The family pensioner shall provide to the Board a 'Living Certificate' of the beneficiary in Form XIIA once a year through the Manager of the Bank where the Family Pension amount is deposited or through Revenue Department officials.
- (9) The family pension sanctioning authority shall maintain a register in Form XIII.

5. Amendment of Rule 40.- In rule 40 of the said Rules, in sub-rule (1) for the words, figures and brackets "an amount of Rs.1,000/- [Rupees one thousand only] per month" the words, figures and brackets "an amount of Rs. 2,000/- (Rupees two thousand only) per month" shall be substituted.

6. Insertion of new rule 40-A.- After rule 40 of the said rules, the following shall be inserted, namely:-

"40-A.- Assistance for spectacles, hearing aid, artificial limb, wheel chair-reimbursement.- (1) A registered building or other construction worker is eligible to claim assistance for spectacles, hearing aid, artificial limb, manual wheel chair elbow crutch, tripod walking stick either for himself or for his dependent children (two only), at such rate as may be notified by the State Government.

(2) The registered building or other construction worker shall avail this assistance only once. There shall be only one claim, irrespective of the number of registered building or other construction workers in the family.

(3) The amount under sub-rule (1), shall be sanctioned if the following conditions are fulfilled, namely:-

- (a) The registered building or other construction worker shall have no dues payable to the Board;
- (b) The registered construction worker shall produce proof for having been treated in a Government Hospital in Karnataka or a private Hospital included in Schedule – I of the Karnataka Government Servants' (Medical Attendance) Rules, 1963, or a Hospital recognized under any health scheme of the State Government.
- (c) The beneficiary shall not have availed similar assistance under any of the other schemes of the Government; and
- (d) The application for claiming the assistance specified in sub-rule (1) shall be in Form XIV-C."

7. Insertion of New Rule 41-A.- After rule 41 of the said rules, the following shall be inserted, namely:-

"41-A Shramya Samsara Samarthya training scheme.-(1) The spouse / son or daughter of a registered building or other construction worker who are solely dependent on him and who are within the age group of 18 to 35 years are eligible to acquire skill training of skill upgradation training.

(2) The skill training or skill upgradation training shall be imparted in building or other construction work and other trades as determined by the Board.

(3) The Skill training or skill upgradation training shall be implemented by the Board jointly with other Government Departments or Non-Governmental Organizations. The Components of the training programme shall be as decided by the Board.

(4) The dependents desirous of obtaining training shall submit an application in Form XV-A."

8. Insertion new Rule 43-B.- After rule 43-A of the said rules, the following shall be inserted, namely:-

"43-B Establishment of creche facility.- (1) The Board may provide temporary pre-fabricated shelters which shall function as crèche facility for the benefit of children of building or other construction workers under the age of six year. The crèche facility may be provided in and around workers colonies, through Non Governmental organizations, wherein not less than 30 children under the age of six years ordinarily reside.

(2) The Non-Governmental Organization shall have relevant staff, manage issues regarding food, safety and health of the children. The costing for the establishment of the crèche shall be as determined by the Board."

9. Amendment of rule 45,- In rule 45 of the said rules, in sub-rule (1) for the table and the entries relating thereto the following shall be substituted, namely: " at such rate as may be notified by the State Government."

10. Amendment of Rules 47,- (1) In Rule 47 of the said rules,-

(i) in sub-rule (2) for the words, "every registered construction worker who meets with an accident during the course of employment shall be compensated by the employer under the provisions of Employees' Compensation Act, 1923", the words, "every registered Building or Other construction worker who meets with an accident during the course of employment shall be compensated by the employer under the provisions of Employees' Compensation Act, 1923 **along with a compensation of Rs. 2 lakh from the Board**" shall be substituted.

(ii) after sub-rule (4) the following shall be inserted, namely:-

"(5) The Secretary of the Board shall on an application from,-

(i) The dependents of registered building or other construction worker sanction a compensation of Rs.2 lakhs in case of accident occurring during the course of employment resulting in death of the registered building or other construction worker; and

(ii) The registered building or other construction worker who is grievously injured due to accident occurring during the course of employment sanction a compensation of up to Rs.2 lakhs.

(6) The application for claiming the amount under sub-rule (5) shall be in Form XXI-B."

11. Amendment of Rule 48.- In rule 48 of the said rules, in sub-rule (1) for the words, "**Such other ailments**" the words, "or any other ailments and occupational diseases" shall be substituted.

12. Amendment of Forms.- In the Forms appended to the said rules,-

(i) in Form V-1 under the heading "Additional construction works" after sl.no. 18 the following shall be inserted, namely:-

"19. Brick kiln workers (other than those which come under the provisions of Factories Act, 1948)"

(ii) (a) in Form XII, Form XIV, Form XVII, Form XIX, Form XX, Form XXIII-A the words and figures "Fee-Rs.2/-" shall be omitted.

(b) in Form XV and Form XVI the words and figures "Fee-Rs.50/-" shall be omitted.

(c) in Form XVIII the words and figures "Fee-Rs.1/-" shall be omitted.

(d) in Form XXIII the words and figures "Fee-Rs.10/-" shall be omitted

13. Insertion of new Forms.- In the said rules,-

(i) after Form XII-A the following shall be inserted, namely:-

Form XII B

[See sub-rule (2) of Rule 39 A]

Application for Family Pension

Application No.

To,

The Secretary,
Karnataka Building and Other Construction Workers Welfare Board,
Kalyana Suraksha Bhavan,
Dairy Circle, Bannerghatta Road,
Bengaluru -560 029

1	Personal Details of the Applicant (spouse of the deceased registered worker drawing pension)	
	i. Name of the applicant	
	ii. Age of the Applicant / Date of Birth :	
	iii. Postal Address:	
	iv. Name of the Bank, Branch and Account Number:	
	v. Aadhaar Number :	
	vi. Contact Phone Number :	
2	Registration Details of the deceased registered worker drawing pension :	

	i. Registration Number:	
	ii. Date of Registration :	
	iii. Pension Order no & date.:	
3	Document Copies	
	a) Death Certificate of the deceased registered worker who drawing pension :	
	b) Document from Revenue Department to support that the applicant is the spouse of the deceased registered worker drawing pension :	
	c) Copy of Bank Pass Book of the applicant :	
	d) One Passport Size Photo:	
4.	Preferred Mode of Payment:	
	a. Money Order (Mention the Address of the Post Office)	
	b. Cheque / DD (Mention the Bank Name , Branch, Account Number and Address to which Cheque is to be sent)	
	c. RTGS (Mention the Bank Name, Branch, Account Number and IFSC Code)	

DECLARATION

The facts mentioned above are true to the best of my knowledge and information.

Place:

Date:

Name and Signature or LTI of Applicant

Acknowledgement

Received Application dated _____ from Sri/Smt _____ having Registration Number _____ for Monthly Family Pension duly filled and signed with copies of relevant documents.

Place

Date

Designation Seal and Signature of

Sanctioning Officer

Family Pension Sanction Order

Pension Sanction Order No :

Monthly Family Pension of Rs _____ is hereby sanctioned to Mr / Ms _____ residing at _____

And holding Registration Number _____ and Aadhaar Number _____ after due verification of Application No _____ and Attached Documents dated _____. As requested, pension will be paid by Postal Money Order / DD / Cheque / RTGS _____ to Address _____ Bank Account No & Branch _____

Place

Date

Designation Seal and Signature of Sanctioning Officer

Family Pension Rejection / Cancellation Order

Family Pension Rejection / Cancellation Order No :

Monthly Family Pension of Rs _____ is hereby rejected / cancelled to Mr /Ms _____ residing at _____

and holding Registration Number _____ after due verification of Application No _____ Dated _____ /Family Pension Sanction No _____ dated _____ for the following reasons:

1. _____
2. _____
3. _____
4. _____

Place

Date

Designation Seal and Signature of

Sanctioning Officer

(ii) After Form XIV-B, the following shall be inserted, namely:-

FORM- XIV-C

[See sub-rule (3)(d) of Rule 40-A]

Application for Assistance for spectacles/ hearing aid/ artificial limb/ elbow crutch / tripod walking stick/ manual wheel chair to registered construction workers or their dependents.

Application No:

To,

The Secretary,
Karnataka Building and Other Construction Workers Welfare Board,
Kalyana Suraksha Bhavan,
Dairy Circle, Bannerghatta Road,
Bengaluru -560 029

1.	Personal Details of the Applicant:	
	i. Name of the Applicant:	
	ii. Age of the Applicant:	
	iii. Postal Address:	
	iv. Name of the Bank, Branch and Account Number:	
	v. Aadhaar Number	
	vi. Contact Phone Number	
2.	Registration Details	
	i. Registration Number:	
	ii. Date of Registration	
	Age at the time of Registration / Date of Birth	
3.	Date of completion of 60 years/	

4. Payment of Subscription Amount

Subscription	Date/s of Payment	Bank Name & Branch	Amount
First Subscription			
Last Subscription			
Number of Years Registered	Total Amount of Subscription to be Paid	Total Amount of Subscriptions Paid	Default & Reasons

5. Details of disease/accident:

Sl .No.	Date of Disease / Accident	Hospital Clinic where treated	Type of Treatment	Duration of Treatment	Cost of Treatment	Disability Caused, Temporary / Permanent
Details of Disease & Treatment						
Details of Accident & Treatment						
Name & Signature of Treating Doctor /Hospital Authority						

6. List of documents submitted:

	a) Identity Card / Smart Card	
	b) Pass Book:	
	c) Bills of Hospital showing Admission & Discharge Dates and all treatments given	
	c) Challans of Subscription paid:	
7.	Preferred Mode of Payment:	
	a. Money Order (Mention Address and Post Office)	
	b. Cheque / DD (Mention Bank Name and Branch and Account Number and Address to which Cheque is to be sent)	
	c. RTGS (Mention Bank Name and Branch and Account Number)	

DECLARATION

Details of benefits received, if any from Government or any other institution, for the above treatment:

The above facts are true to my knowledge and information.

Place

Date

Name and Signature or LTI of Applicant

Acknowledgement

Received Application dated _____ from Sri / Smt _____ having Registration Number _____ for **Assistance for spectacles/ hearing aid/ artificial limb/ elbow crutch / tripod walking stick/ manual wheel chair** duly filled and signed with copies of relevant documents.

Place

Date

**Designation Seal and Signature of the
Receiving Officer**

Sanction Order

Sanction Order No :

The application of Sri /Smt _____ Registration No _____ Aadhaar Card Number _____ Address _____

_____ or verified and found correct hence, spectacles/ dentures / implant / hearing aid / artificial limb / wheel chair, (one of them) is sanctioned subject to cross verification by the sanctioning authority.

Place

Date

**Designation Seal and Signature of the
Sanctioning Officer**

Rejection / Cancellation Order

The application and documents of Sri/Smt _____ Registration No. _____ Aadhaar No. _____ Address _____ are verified and rejected for the following reasons.

1. _____
2. _____
3. _____
4. _____

Place

Date

**Designation Seal and Signature of
Sanctioning Officer**

(iii) After Form XV, the following shall be inserted, namely:-

FORM XV-A

[See sub-Rule (4) of rule 41-A]

Application for Shrama Samsara Samarthya training scheme:

Application No:

To,

The Secretary,
Karnataka Building and other Construction Workers Welfare Board,
Kalyana Suraksha Bhavan,
Dairy Circle, Bannerghatta Road,
Bengaluru -560 029

1.	Personal Details of the Applicant (Dependents of the Beneficiary):	
	i. Name of the Applicant:	
	ii. Age of the Applicant:	
	iii. Postal Address:	
	iv. Name of the Bank, Branch and Account Number:	
	v. Aadhaar Number	
2.	vi. Contact Phone Number	
	Registration Details of the beneficiary:	
	i. Registration Number:	
	ii. Date of Registration:	
	Age at the time of Registration / Date of Birth	
3.	Date of completion of 60 years/	

4. Payment of Subscription Amount

Subscription	Date/s of Payment	Bank Name & Branch	Amount
First Subscription			
Last Subscription			
Number of Years Registered	Total Amount of Subscription to be Paid	Total Amount of Subscriptions Paid	Default & Reasons

5. Job and Skills of the Applicant:

Trade : Mason / Painter / Barbending /Plumber etc	Experience (Construction Projects on which work done)	Annual Income	Number of Days of Employment per Year	Tools Owned	Skills Required	Tools Required	Protective Gear Required
		Monthly Income					
		Daily Wage					

6. List of documents submitted:

	a) Identity Card / Smart Card	
	b) Pass Book:	
	c) Challans of Subscription paid:	
	d) Two Passport Size Photos	

DECLARATION

1. I confirm that I shall attend the full training and will use the tools and protective gear for work purposes and not sell or lease or mortgage the same.

2. I understand that the Board has the right to cancel the tools / gear / training if I don't complete the same or due to misbehavior or misdemeanor of any kind.

Place

Date

Name & Signature of applicant

Acknowledgement

The Application No _____ dated _____ submitted by Sri _____
Address _____ employed as _____ With Registration Number _____
for Training, Toolkit, Protective Gear and Certificate under Shrama Samsara
Samarthya Scheme in the Trade _____ at Training Centre in _____ has been received.

Seal & Signature of Receiving Officer

Shrama Samarthya Training Sanction/ Rejection / Cancellation Order

The Application No _____ dated _____ submitted by Sri/Smt _____
Address _____ employed as _____ With Registration Number _____
for Training, Toolkit, Protective Gear and Certificate under Shrama Samsara Samarthya
Scheme in the Trade _____ at Training Centre in _____ is sanctioned / rejected / cancelled.

The Applicant should report to training on _____ at _____ Location to Training Supervisor
_____. The duration of the training will be _____ days. Should bring clothing, bedding and toiletries as
required. Delays and or absence during training will result in cancellation / disqualification without refund of application amount. The
Certificate, Toolkit and Protective Gear will only be available to those who satisfactorily complete the full Training.

Place:

Date:

Shrama Samsara Samarthya Training
Sanctioning Officer

(iv) after Form XXI-A, the following shall be inserted, namely:-

"FORM XXI-B

[See sub-rule (6) of Rule 47]

Application for obtaining compensation by the deceased unregistered construction worker/ his
dependents in case of accident during the course of employment (in case of death/ grievous injury)

Application No.

To,

The Secretary,
Karnataka Construction Workers' Welfare Board,
Kalyana Suraksha Bhavana, Near Dairy Circle,
Bannerughatta Road,
Bengaluru-560 029.

	Personal Details of the Applicant (unregistered construction worker/ dependents of the deceased unregistered worker)	
	i. Name of the Applicant/	
	ii. Age of the Applicant/ Date of Birth:	
	iii. Postal Address of the applicant:	
	iv. Aadhaar Number of the applicant	
	v. Contact Phone Number of the applicant	
2.	Details of the accident:	
	a) Place of the accident with complete address:	
	b) Date and time:	
	c) Name of the deceased unregistered construction worker (in case of death only):	
	d) Age of the unregistered construction worker (in case of death only) :	
	e) Relationship of the applicant (in case of death only) :	
3.	Document Copies:	
	a) Copy of the F.I.R (in case of death and injury):	

b)	Postmortem Report of the deceased unregistered worker:	
c)	Death Certificate of the deceased unregistered worker:	
d)	Document from Revenue Department to support that the applicant is the dependent of the deceased unregistered worker (in case of death only):	
e)	Medical Records to prove that the unregistered construction worker is grievously injured:	
f)	Medical bills certified by the doctor who has treated the application (in case of grievous injury):	
g)	Copy of the applicant's pass book-Bank Name, Branch, IFSC Code and Account Number:	
h)	One Passport Size Photo:	

DECLARATION

The facts mentioned above are true to the best of my knowledge and information.

Place

Date

Name & Signature or LTI of Applicant

.....

Acknowledgement

Received Application dated _____ from Shri / Smt _____ claiming for accident compensation duly filled and signed with copies of relevant documents.

Place:

Date:

Designation Seal and Signature of
Sanctioning Officer

.....

Sanction Order

Sanction Order No:

Accident Compensation of Rs _____ is hereby sanctioned to Mr / Ms _____ residing at _____

Aadhaar Card Number _____ after due verification of Application No _____ and Attached Documents dated _____. As requested, compensation will be paid by RTGS _____ to _____

_____ Bank Account No & Branch _____

Designation Seal and Signature of
Sanctioning Officer

Accident Compensation Rejection Order

Accident Compensation Rejection Order No:

Accident Compensation is hereby rejected to Mr / Ms _____ residing at _____ after due verification of Application No _____ Dated _____ for the following reasons:

1. _____
2. _____
3. _____
4. _____

Place:

Date:

Designation Seal and Signature of the
Sanctioning Officer

PR - 445
SC - 200

By order and in the name of the Governor of Karnataka
A.N. RADHAMANI
Under Secretary to Government
Labour Department