

Form 'D'

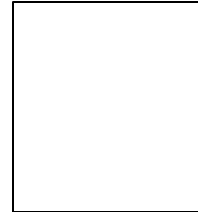
TITLE

GOVERNMENT OF WEST BENGAL
DEPARTMENT OF PUBLIC ENTERPRISES, 63, N.S. ROAD KOLKATA- 700 001

SOCIAL SAFETY NET PROGRAMME
FOR
EMPLOYEES AFFECTED IN RESTRUCTURING OF
STATE PUBLIC SECTOR ENTERPRISES

BENCH MARK SURVEY
(SOCIO-ECONOMIC CONDITION OF EMPLOYEES)

INFO SHEET
(To be filled by the ERS Employee)



PART – I
PERSONAL DATA

- 1.1 Full Name :
- 1.2 Present Resident Address :
- 1.3 Place & address where you wish to settle :
- 1.4 Age (Years) :
- 1.5 Years of service in the present company :
- 1.6 Social strata/caste (Tick in the Box)

SC	ST	OBC	Others	Minority

1.7 Native Place, District and State :

1.8 Language Known
Mother tongue:
Other language:

1.9 Educational Qualification
Degree..... Diploma.....
Certificate:
Years of schooling

2. Employer & Employment
- 2.1 Employment Status : Regular..... Non-regular.....
- 2.2 Name & Address of enterprise where working:
- 2.3 Name of the Department & Designation :
- 2.4 Nature of your activity/work/duty :
- 2.5 Last gross monthly salary : Basic Rs..... DA.....
- Other allowances.....
The Gross P.M. (Rs).....

PART – II

Government of West Bengal's support to offer assistance for alternative livelihood source to affected employees under the Social Safety Net Programme (SSNP).

- | 3.0 | Particulars | <u>Desired/preferred options</u> | |
|-------|---|--|-----|
| (i) | Counselling support | Avenues for safety and alternative investment of compensation money | () |
| | | Psychological support to overcome difficulty and to deve positive attitudes | () |
| | | To explain and assist in applying for ERS, PF Dues, Mediclaim, accident insurance, loan require etc. | () |
| | | Any other | () |
| | | | () |
| (ii) | Provisions for short-ter Learning new skills/vocational trades Training courses and Skilling development Programme (3-6 month) Without any cost to the Employee | Upgradation of existing skills | () |
| | | Multi Skilling | () |
| | | Entrepreneurship training | () |
| | | Not interested | () |
| (iii) | Give details of your Preferred skill Development or trainin | | () |

Course

(iv) Mobility Yes/No (Please give reasons)

Are you ready to leave this place and go some where else for work after training.

4.0 Additional/Supplementary income activity

4.1 The company has stopped working since long - Type of activity/work.....

What is the additional/supplementary income - Self-employment job

Activity you are perusing at present?- Location
Monthly Income (Rs).....

4.2 What further assistance you think can go a long way Making your above activity more profitable (Please go In details)

5.1 If you are 55+ in age of suffering major ailments and hence cannot opt for training, would you like to nominate your dependent for training (spouse, unemployed son/daughter, daughter-in-law only) Yes No

5.2 If yes, please write here Name and serial no. :NAME.....
from the table below of your nominated RELATION.....
dependent attach a copy of recent photo of the SERIAL No.
nominated trainee From table.....

Photo of Nominated dependent

5.3 What type of training hr/she is interested :

6.0 Ownership of Assets

6.1 Do you own any of the following types of assets :LAND (Acres) Integrated Unintegrated

Present Residential House: Provided by the company
My own

Place/Location

