

Government of Odisha

Department of Women & Child Development

No. PT1-WCD-ICDS-MISC-0017-2016

29740

Dt: 19-12-2024

From

N. C. Jyoti Ranjan Nayak, OAS(SAG)

Additional Secretary to Government

To

All DSWOs

Sub: Claims under State Insurance Scheme based on ex gratia

Madam / Sir,

In inviting a reference to the subject cited above I am directed to inform you that, under Ex-Gratia State Insurance Scheme for AWWs and AWHs, it has been decided to provide financial assistance as follows:

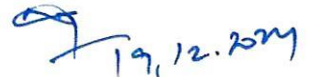
1. **Rs. 2.00 lakh** in case of death or permanent disability.
2. **Rs. 1.00 lakh** in case of partial disability.

This ex-gratia assistance will be effective from **01.04.2024**.

In this context, you are requested to submit the information in the prescribed format (ANNEXURE A) of all eligible beneficiaries (AWWs/AWHs) who have passed away/suffering from permanent disability or partial disability from the time period 01.04.2024-30.11.2024.

This may be treated as **MOST URGENT**.

Yours faithfully



Additional Secretary to Govt.

P.T.O

Memo No 29741 /WCD, Date 19-12-2024

Copy forwarded to MIS Cell, W&CD Dept for information and necessary action. They are requested to pursue the matter with the districts and ensure the submission of all required data by 24.12.2023.


19.12.2024
Additional Secretary to Govt.

Memo No 29742 /WCD, Date 19-12-2024

Copy forwarded to all CDPOs for information and necessary action .

They are requested to ensure the submission of all required data by 24.12.2024.


19.12.2024
Additional Secretary to Govt



Format for beneficiary information

Sl. No.	Data Required
1	Name of the concerned Anganwadi Worker / Anganwadi Helper
2	Designation
3	Name and Code of Anganwadi Centre where the concerned Worked / Works
4	Date of Death/ disability(mention the type of disability)
5	UIDAI Number
6	Husband's Name
7	District
8	Requisite amount of insurance claim 1.Rs. 2.00 lakh in case of death or permanent disability. 2.Rs. 1.00 lakh in case of partial disability.
9	Name of the nominee
10	Bank Account Number of the nominee
11	Bank IFSC Code of the nominee
12	Bank Customer Reference Id of the nominee
13	Account Type (Savings / Current) of the nominee
14	Name and Designation of competent authority who approved the aforesaid information