

(b) The non-competitive bids shall be submitted electronically on the Reserve Bank of India Core Banking Solution (E-Kuber) system between 10:30 a.m. to 11:00 a.m.

Result of the Auction

5. The result of the auction shall be displayed by the Reserve Bank of India on its website on the same day. The payment by successful bidders will be on **July 07, 2021**.

Method of Payment

6. Successful bidders will make payments on **July 07, 2021** before close of banking hours by means of cash, bankers' cheque/pay order, demand draft payable at Reserve Bank of India, Mumbai/Mumbai or a cheque drawn on their account with Reserve Bank of India, Mumbai (Fort)/Mumbai.

Tenure

7. The stock will be of 10-year tenure. The tenure of the stock will commence on **July 07, 2021**.

Date of Repayment

8. The loan will be repaid at par on **July 07, 2031**.

Rate of Interest

9. The cut-off yield determined at the auction will be the coupon rate percent per annum on the stock sold at the auction. The interest will be paid on **January 07** and **July 07**.

Eligibility of Securities

10. The investment in Government Stock will be reckoned as an eligible Investment in Government Securities by banks for the purpose of Statutory Liquidity Ratio (SLR) under section 24 of the Banking Regulation Act, 1949. The stocks will qualify for the ready forward facility.

By order and in the name of the Governor of Goa.

Puneet Kumar Goel, Principal Secretary (Finance).

Porvorim, 1st July, 2021.



Department of Social Welfare
Directorate of Social Welfare

Notification

No. 7-2021-22-EPWD/DSSS/984

Government of Goa is pleased to make the following scheme and is hereby published for general information of public, which shall come into force from the date of publication in the Official Gazette.

By order and in the name of the Governor of Goa.

Umeshchandra Joshi, Director & ex officio Joint Secretary (Social Welfare).

Panaji, 2nd July, 2021.

SCHEME TO PROVIDE EX-GRATIA FINANCIAL ASSISTANCE TO THE FAMILY OF THE VICTIMS OF COVID-19

I. *Objective of the scheme*.— The objective of this scheme is to provide one time ex-gratia of Rs. 2.00 Lakhs to families of the deceased victim due to Covid-19 infection whose income limit does not exceed Rs. 8.00 Lakhs per annum subject to maximum of one claim per family.

II. *Target Group*.— Family of Covid-19 victim who passed away due to Covid-19.

III. *Commencement of the scheme.*— The scheme shall come into force from date of publication of scheme in the Official Gazette.

IV. *Definitions.*— (1) 'Government' means the Government of Goa.

(2) 'Director' means the Director of Social Welfare, Government of Goa.

(3) 'Ex-gratia' means one time amount to be given in exigencies for relief.

(4) 'Family' means husband/wife and their dependent children of the deceased victim due to Covid-19 infection.

V. *Eligibility Criteria.*— (1) All deaths in the families due to Covid-19 subject to maximum of one claim per family.

(2) Income of a family shall not exceed Rs. 8.00 Lakhs per annum.

(3) Minimum Residence shall be 15 years in the State of Goa.

VI. *Required Documents.*— 1. Death certificate issued by Competent Authority.

2. Medical Certificate in the prescribed proforma issued by the concerned Hospitals where the victim expired due to COVID-19. The Medical Report should have reference of the RTPCR/RAT report of any authorized LAB of ICMR.

3. Income Certificate of the applicant showing the annual income of the family not exceeding Rs. 8.00 Lakhs issued by the Competent Authority.

OR

Notorized affidavit of the applicant declaring the annual family income not exceeding Rs. 8.00 Lakhs.

4. Residence Certificate of minimum 15 years of the applicant issued by the Competent Authority/Gazetted Officer, Government of Goa.

5. Aadhar Card of Covid-19 victim.

6. EPIC Card of Covid-19 victim issued by Authorities in Goa.

7. Birth Certificate/proof of age of Covid-19 victim.

8. Aadhar Card of applicant.

9. Epic Card of applicant.

10. Bank Mandate Form alongwith Bank Passbook copy of the applicant.

VII. *Financial Assistance.*— One time amount of Rs. 2.00 Lakh shall be sanctioned by Director, Directorate of Social Welfare after verifying and confirming eligibility as per document received from the applicant with respect 'Clause VI' mentioned above.

VIII. *Who can apply.*— Husband/wife/dependent children can apply, in the following order of preference for the benefit of entire dependent family.—

1. Spouse of the victim.

OR

2. In case spouse is not alive then any major dependent can apply; provided financial assistance released is deposited in the joint account of all family members or in the individual

saving bank account with the condition that the minor can withdraw from his account upon attaining majority.

OR

3. In case there is no major dependents then Legal Guardian of minor family member can apply and financial assistance will be released in the individual saving bank account of all the minor members of the family. However, the amount of ex-gratia can be withdrawn by minor dependents on completion of age of 18 years.

Mode of Application.— Application for financial assistance shall be submitted to the Director of Social Welfare in the Prescribed Format in Annexure-I and shall be accompanied with the following documents:—

1. Death certificate issued by Competent Authority.
2. Medical Certificate in the prescribed proforma issued by the concerned Hospitals where the victim expired due to COVID-19. The Medical Report should have reference of the RTPCR/RAT report of any authorized LAB of ICMR.
3. Income Certificate of the applicant showing the annual income of the family not exceeding Rs. 8.00 Lakhs issued by the Competent Authority.

OR

Notorized affidavit of the applicant declaring the annual family income not exceeding Rs. 8.00 Lakhs.

4. Residence Certificate of minimum 15 years of the applicant issued by the Competent Authority/Gazetted Officer, Government of Goa.
5. Aadhar Card of Covid-19 victim.
6. EPIC Card of Covid-19 victim issued by Authorities in Goa.
7. Birth Certificate/proof of age of Covid-19 victim.
8. Aadhar Card of Applicant.
9. Epic Card of Applicant.
10. Bank Mandate Form alongwith Bank Passbook copy of the applicant.

Interpretation and Relaxation.—

1. The Secretary, Social Welfare shall be the Final Authority concerning the interpretation of this scheme.
2. The Government may relax any of the provision of this scheme.

Terms and Conditions.—

The grant of financial assistance under the scheme cannot be claimed as a matter of right.

By order and in the name of the Governor of Goa.

Umeshchandra Joshi, Director of Social Welfare/ex officio Joint Secretary.

Panaji, 2nd July, 2021.

ANNEXURE-I

APPLICATION FORMAT

**APPLICATION FOR EX -GRATIA FINANCIAL ASSISTANCE
TO THE FAMILY OF THE VICTIMS OF COVID-19**

To,
The Director,
Directorate of Social Welfare,
18th June Road,
Panaji Goa.

Photo of the
Applicant

Sir/Madam,

I, Shri/Smt/Kum. _____ hereby apply for Ex-gratia financial assistance to the family of the Victims of COVID-19.

----- /----- /-----

I. Details of person expired due to COVID -19

- i. Name: _____
- ii. Father's/Husband's Name: _____
- iii. Residential Address
House No. _____ Ward _____
Village/Town _____ Constituency _____
Taluka _____ District _____
Nearest Landmark: _____
- iv. Date of Birth/Age: _____
- v. Gender:- Male/Female/Transgender: _____
- vi. Whether Belongs to SC/ST/OBC/Minority/Person with Disabilities/General: _____
- vii. Aadhar card No.: _____
- viii. Date of death: _____
- ix. Date of Medical Certificate issued and details (copy to be enclosed): _____

II. My particulars are as under.

- i. Name: _____
- ii. Father's/Husband's Name: _____
- iii. Relationship with the deceased person: _____
- iv. Residential Address
House No. _____ Ward _____
Village/Town _____ Constituency _____
Taluka _____ District _____
Nearest Landmark: _____

- v. Date of Birth/Age: _____
- vi. Gender:- Male/Female/Transgender: _____
- vii. Whether Belongs to SC/ST/OBC/Minority/Person with Disabilities/General:- _____
- viii. Aadhar card No.: _____
- ix. Contact No.: _____
- x. Email Id (If any) _____
- xi. Total Family Income from all sources for the year 2020-21 is Rs. _____
(Rupees _____ only).
- xii. Date of certificate of Notarized Affidavit (copy to be enclosed): _____

II. Details of family members

Sr. No.	Name of family member	Relationship with the deceased person	Whether employed	Annual income
1				
2				
3				
4				
5				

DECLARATION

I, hereby declare that

1. I have not availed the benefit of such scheme sponsored by Government or any other agency in past.
2. The contents mentioned in the application are correct to the best of my knowledge and belief and nothing has been concealed therein.
3. I undertake that the Ex-gratia amount shall be utilized for entire family.
4. I undertake to return the Ex-gratia amount, if my declaration is proved to be wrong and liable for all Civil/Criminal action in case of any wrong declaration.

Date:

Name: _____

Signature of the applicant

Documents to be submitted alongwith the application

- Death certificate issued by competent authority.
- Medical Certificate in the prescribed proforma issued by the concerned Hospitals where the victim expired due to COVID-19. The Medical Report should have reference of the RTPCR/RAT report of any authorized LAB of ICMR.

- Income Certificate of the applicant showing the annual income of the family not exceeding Rs. 8.00 Lakhs issued by the Competent Authority.

OR

Notorized affidavit of the applicant declaring the annual family income not exceeding Rs. 8.00 Lakhs.

- Residence Certificate of minimum 15 years of the applicant issued by the Competent Authority/ /Gazetted Officer, Government of Goa.
- Aadhar Card of Covid-19 victim.
- EPIC Card of Covid-19 victim issued by Authorities in Goa.
- Birth Certificate/proof of age of Covid-19 victim.
- Aadhar Card of Applicant.
- Epic Card of Applicant.
- Bank Mandate Form alongwith Bank Passbook copy of the applicant
- Legal Guardian Certificate (If applicable).

ANNEXURE-II

MEDICAL CERTIFICATE

1. This is to Certify that Shri/Smt. age resident of House No. ward..... Village/town Constituency Taluka..... has expired due to COVID-19 on

2. His/Her RTPCR/RAT Lab report and reference No. is issued by (Name of Lab) which is authorized by ICMR.

His/Her Aadhar Card No. is

3. I declare that above facts are true.

Name of Doctor

Reg. No.

Phone No. of the Doctor.....

Signature of Doctor

Official Rubber Stamp

Date.....

Place.....

ANNEXURE-III

AFFIDAVIT

I Shri/Smt. r/o solemnly state on oath as under:

That my annual family income from all sources for the year (Current Year) is Rs. (Rupees only).

That Victim of Covid-19 is in relation to me.

That I have not availed the benefit of such scheme sponsored by Government or any other agency in past.

This affidavit is sworn by me to produce in Directorate of Social Welfare, Panaji for the purpose of availing Ex-gratia financial assistance to the family of Covid-19 Victim.

I undertake to return the Ex-gratia amount, if my declaration is proved to be wrong and liable for all Civil/Criminal action in case of any wrong declaration.

The contents mentioned in the application are correct to the best of my knowledge and belief and nothing has been concealed therein

DEPONENT

Place:

Date:

ANNEXURE-IV

RESIDENCE CERTIFICATE

(To be signed by Mamlatdar, or Gazetted Officer of the State Government)

Certified that Shri/Smt/Kum. _____ Married/unmarried, age _____ years, son/wife/daughter of Shri _____ is residing at House No. _____ situated at Ward _____ Village/Town _____ Taluka _____ Goa, for the last _____ years and _____ months since _____.

This certificate is issued at the request of Shri/Smt/Kum. _____ for producing the same in the office of Directorate of Social Welfare, Panaji-Goa, for availing EX-GRATIA FINANCIAL ASSISTANCE TO THE FAMILY OF THE VICTIMS OF COVID-19.

Signature: _____

Name in block letters: _____

Designation: _____

Address (Official): _____

Telephone No. (official): _____

Affix Seal

Date: _____

Place: _____

www.goaprintingpress.gov.in

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