



Vidya Pratishthan's
KAMALNAYAN BAJAJ INSTITUTE OF
ENGINEERING & TECHNOLOGY, BARAMATI
विद्या प्रतिष्ठानचे, कमलनयन बजाज इन्स्टिट्यूट ऑफ इंजिनिअरिंग अँड टेक्नॉलॉजी, बारामती
(Formerly Vidya Pratishthan's College of Engineering, Baramati)



Approved by AICTE & Govt. of Maharashtra, Affiliated to Savitribai Phule Pune University, Pune
University Id.No. /PU/PN/Engg./152/2000 | DTE Code: 6284 | Accredited by NAAC with 'A' Grade

Ref.No. : VPKBIET/VP/10/2019/ 781

Date : 22/10/2019

To,
The Secretary,
Vidya Pratishthan,
Vidyanagari, Baramati
(Through The Registrar, Vidya Pratishthan)

Subject: Request to grant approval to the rules & regulation defined for smooth working of staff welfare fund assistance scheme.

Reference: Management Council Meeting held on 15/10/2019, Subject No:- 2-(g).

Respected Sir,

With reference to above cited subject, please find attached herewith the copy of rules and regulations defined in our institute for smooth working of Staff Welfare Fund Scheme.

This is for your kind consideration and further approval.

The following table contains details regarding current status of the said fund.

Monthly Collection	Net Balance on 25/7/2019	Application Pending with us
Around Rs. 14400/-	Rs. 13,77,787/-	05

Kindly suggest necessary changes or approve the same and acknowledge the same.

Thanking You,

Yours Sincerely



R.S.B.

Dr. R.S. Bichkar
Principal

Vidya Pratishthan's
Kamalnayan Bajaj Institute of
Engineering & Technology, Baramati
Vidyanagari, Baramati-413133

Encl:- 1) Copy of proposed rules & regulations
2) Copy of proposed prescribed form

Vidyanagari, Bhigwan Road, Baramati, Dist. Pune (Maharashtra) - 413 133, India.

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Staff Welfare Fund Policy Rules & Regulations

Institute is maintaining Staff Welfare Fund since last few years. As per current policy, small amount is being deducted from every working employee's monthly salary. Details are as follows

Scale	Scale	Designation	Amount
Teaching Employee	37400-67000	Principal, Professor, Associate Professor etc.	Rs. 125/-
	15600-39100	Assistant Professor etc.	Rs. 100/-
Non-Teaching Employee	9300-34800	Admin & Library Staff, Technical Staff	Rs. 75/-
	5200-20200		
	4440-7440	Support Staff	Rs. 50/-

Institute has framed following Rules & Regulations for the disbursement of amount collected under "Staff Welfare Fund" to needy employees.

1. This scheme is applicable to all employees of VPKBIET.
2. At the time of application for the benefit of this scheme, an employee must be on roll of the VPKBIET and should have completed 3 years service in VPKBIET /VP's institute.
3. Only IRDA (Insurance Regulatory and Development Authority, India) sanctioned Diseases will be covered under college staff welfare fund, as per list attached in annexure 'A'.
4. For medical treatment , the amount will be sanctioned based on the following parameters.

	Amount to be disbursed	Remark
Employee (Self)	50% of actual expenses	Maximum upto Rs. 30,000/-
Dependent (Spouse & children)	25% of actual expenses	Maximum upto Rs. 30,000/-
Dependent (Mother, Father)	25% of actual expenses	Maximum upto Rs. 30,000/- (Rs. 5000/- for cataract operations)

5. The financial assistance will be given to eligible employees once in three years.
6. Amount will be sanctioned by using above chart and only after submission of following documents.
 - a) Employee must apply for "Staff Welfare Fund assistance" by filling requisite form attached herewith. (Performa is also made available in institute office")
 - b) Original Expenditure Bills.
 - c) In case of dependent (see point 4 above), an employee must submit copy of ration card and /or some other proof showing the relation.



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- d) PAN, and Aadhar card of employee & patient.
7. Other basic rules
- a) Treatment must be availed only in Registered Hospitals/Doctors.
- b) Minimum Hospitalization of continuous 24 Hrs.
- c) An employee must apply within 15 days of discharge of patient.
- d) However, assistance through Staff Welfare Fund will be sanctioned only on submission of prescribed form alongwith relevant documents. If an employee fails to complete the process, said amount will be treated as "Salary Advance" and will be deducted from salary.
- e) Employees must submit an Undertaking stating that
- 1) Whether the patient is insured or not.? If yes, then whether the claim is sanctioned or not.? If the claim sanctioned, provide proof of sanctioned amount otherwise submit claim rejection letter from concerned company.
- 2) Whether the applicant has applied elsewhere for financial support. If yes, then provide the following details.

Agency Name	Amount Claimed	Amount Received	Remark

- 3) Assurance regarding "Same expenses will not be claimed elsewhere".
- 4) In case of dependent, statement regarding said person is fully dependent on him/her.
- 5) He/she has not taken benefit under this scheme in last 3 years.

Important Note:

- 1) An employee can apply for financial assistances during any stage of treatment by submitting probable expenses statement/quotation by doctor. However, primary assistance will granted as salary advance.
- 2) "Cataracts" treatment will not be covered under this assistance. However as special consideration of Maximum Rs. 5000/- will be sanctioned for treatment of father/ mother for "Cataracts" treatment.
- 3) On sad demise of any employee due to any reason, Rs. 50,000/- will given in the name spouse to provide immediate relief to family.



B. S. B.
Principal
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Vidyanagari, Baramati-413133

Vidyanagari, Bhigwan Road, Baramati, Dist. Pune (Maharashtra) - 413 133, India.



Performa for
Financial Assistance under
(under Staff Welfare Fund Scheme)

Important Instructions:-

- 1) Employee can apply for Financial Assistance against Medical Treatment of family member.
- 2) Only Wife, Two Children's, Parents are covered through this scheme.

(Section A)

Employee Details:-

Employee ID:-.....

Employee Name:-.....

Designation:-.....

Department:-.....

Date of Joining:-/...../.....

Staff Welfare monthly contribution amount :- (as on today)

(Section B)

Name of Patient :-....., Relation with employee:-.....

Date of Hospitalization:-...../...../20

Hospital Name

Hospital Address with Contact Details:-

Name of Doctor:-

Nature of Treatment/About Diseases:-

Date of Discharge :-...../...../20

Date:-/...../.....

Signature of Employee

Medical Expenses Details Sheet

Sr. No.	Particulars	Receipt No. and Date	Amount

Information furnished in above table is true.

Sign & Name of Employee:-
Employee ID:-

Important Instructions:-

- 1) Kindly attach Xerox copies of admission report, all test reports and discharge certificate.
- 2) Attach Xerox copies of all bills.
- 3) Attach original bills upto Rs. 30,000/-.
- 4) All bills must self-attested.
- 5) Attach Hospitalization certificate.

For Office use only:

Application Received on:.....

Application Received by (Name & sign) :.....

Have he/she taken benefit under this scheme.? (Yes/No).....

If yes,

For treatment of (Name) :.....

Relation of patient with employee:

Month of Treatment :.....

Amount sanctioned under this scheme. :.....

Eligible to receive any financial help under Staff Welfare Fund scheme.(Yes/No):

Eligible for receive maximum amount upto Rs.....

Additonal Remark :.....

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Sign of Accounts Officer

Admin-Officer

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Date:

Principal

Certificate from Doctor

This is to certify that Mr./Ms./Mrs. is under my
medical treatment at our hospital from/...../..... To/...../..... for the treatment
of.....

Remark (if any)

Date:-/...../20.....

Sign & Name of Doctor:-.....

Regd. ID:-.....
