

## NOTICE

No. S.E./S.E.C./Eco. Rly. /ECCS Ltd/Notice 2025-26

March 30, 2026

In continuation of earlier notice in this regard, it is hereby informed to all concerned that, in accordance with Clause Nos. 60(2)(c) and 60(6) of the Society's Bye-laws, as passed in the last 96<sup>th</sup> AGM and duly registered by the Central Registrar of Cooperative Societies, New Delhi, is hereby notified that the **relief from the Guarantee Fund (Death Relief)** shall be governed by the following rules and regulations to ensure genuine claims.

### 1. Objective of the Scheme

The Guarantee Fund (Death Relief) is intended to provide financial assistance for liquidation of outstanding dues of a member who dies **while in active service** and who was a bona fide member of the Society.

### 2. Eligibility Criteria

A claim under the Guarantee Fund (Death Relief) shall be admissible only if:

- i. The deceased was a **registered and active member** of the Society.
- ii. The loan was **genuine and outstanding** as on the date of death.
- iii. The member had **regularly contributed** to the Guarantee Fund (Death Relief) as per prescribed rules.
- iv. The member must have rendered **minimum 135 days of duty during the six months preceding the date of the death.**
- v. The death must be **certified by a competent authority** as per prescribed Form
- vi. There must be **no fraud, concealment, or misrepresentation** in obtaining membership, loan, or claim.
- vii. In respect of loan accounts, at least three (3) EMIs within last six (6) months immediately preceding the death of the shareholder must have been duly recovered. This provision shall be applicable only where more than nine (9) months have elapsed between the date of loan sanction and the date of death.

### 3. Restrictions / Disqualification Conditions

The Guarantee Fund (Death Relief) claim shall **NOT be admissible** in the following cases:

- i. If the member had **knowledge of a serious/life-threatening illness** (such as cancer or similar critical diseases) at the time of availing the loan.
- ii. If the member joined or contributed to the Guarantee Fund (Death Relief) **after diagnosis of such serious illness**, indicating mala fide intent.
- iii. If any **medical history was suppressed or falsely declared** at the time of loan sanction.
- iv. If the loan is found to be **irregular, manipulated, or obtained through misrepresentation.**

In such cases, the claim shall be **rejected** as per rules.



*Handwritten signature*

#### 4. Mandatory Documentation

The following documents must be submitted along with the claim:

- i. Application form in the prescribed format, duly filled in and attested by the competent authority.
- ii. Death Certificate of the deceased issued by competent authority
- iii. A copy of the Heirship certificate duly attested by a Gazetted Officer.
- iv. Medical records (if applicable)
- v. Any other document as required by the Society

#### 5. Verification Process

- i. Verification through the **Branch Offices of the Society and its records shall be mandatory.**
- ii. A **detailed scrutiny** shall be conducted by the competent authority.
- iii. The Society reserves the right to **seek medical verification** or any additional clarification.

#### 6. Dispute

In the event of any dispute arising, the same shall be decided by the **Board of Directors**, whose decision shall be final and binding on all concerned.

#### 7. General Provision

This notice shall come into force with immediate effect and shall apply to all pending and future claims.

Any ambiguity shall be interpreted by the Board in line with the objective of preventing misuse and ensuring fairness.



*Chander Thakur*  
**CHIEF MANAGER**

Copy to : The Chairperson, S.E, S.E.C & E.Co.Rly.E. C. C .S .Ltd.,

Copy to : The Vice- Chairperson, S.E, S.E.C & E.Co.Rly.E. C. C .S .Ltd.,

Copy to: Sri \_\_\_\_\_, Director/Delegate,  
\_\_\_\_\_ S.E, S.E.C & E.Co.Rly.E. C. C .S .Ltd., for information please.

Copy to : Dy.Chief Manager ( F & A),

Copy to : Dy.Chief Manager ( Admin ),

Copy to:Branch Managers, S.E.,S.E.C. & E.Co. Railway Employees' Co-operative Credit Society Ltd., ADA /KGP /CKP /RNC /KUR /BSP /NGP /WAT/ SBP/BBS/R, for information and directed to act accordingly.

Copy to: Accounts Manager (Loan), S.E, S.E.C & E.Co.Rly.E. C. C .S .Ltd., GRC,

Copy to: Accounts Manager, S.E, S.E.C & E.Co.Rly. E. C. C .S .Ltd., SRC Extn.Counter,

Copy to :Estb. & F/ Acs. Section.

Copy to : Notice Board

**S.E., S.E.C. & E.Co. Railway Employees' Co-operative Credit Society Ltd.**  
**93, CIRCULAR GARDEN REACH ROAD, KOLKATA – 700 043**

Application form for Claiming Financial Relief from the  
Guarantee Fund (Death Relief) of the Society.  
(To be submitted only by the Widow/legal heir(s) of a Shareholder died in harness)

To  
The Chief Manager  
S.E., S.E.C. & E.Co. Rly. E.C.C.S. Ltd.  
93, Circular Garden Reach Road  
Kolkata – 700 043

Dear Sir,

Sub. : CLAIM FROM GUARANTEE FUND (DEATH RELIEF)

The undernoted deceased was a member of the Society & died in harness on.....

I / We am / are the Widow / legal heir (s) of the deceased, as below and would like to furnish the following information:-

1. Name of the Widow / legal heir (s) \_\_\_\_\_  
with relationship \_\_\_\_\_  
(in Block Letters ) \_\_\_\_\_

2. Postal Address for Correspondence \_\_\_\_\_  
\_\_\_\_\_

Mobile Number \_\_\_\_\_  
\_\_\_\_\_

3. Name & Service particulars of the deceased Name \_\_\_\_\_  
Designation \_\_\_\_\_  
Dept. \_\_\_\_\_  
Station \_\_\_\_\_  
EMP / P.F. No. \_\_\_\_\_  
Bill Unit No. \_\_\_\_\_

4. (a) Date of Expiry \_\_\_\_\_

(b) Date of Birth \_\_\_\_\_

(c) Date of Retirement / Due Date of Retirement from Rly. Service \_\_\_\_\_

I / We hereby request for relief of the amount of outstanding loan dues against the deceased as on date of death from the Guarantee Fund (Death Relief) of the Society.

(2)

I / We declare that a copy of the Death Certificate of the above deceased duly attested by a Gazetted Officer / M.L.A. / Panchayet / Chairman or Commissioner of the Local Municipality is / will be submitted.

\_\_\_\_\_  
Signature / LTI of the  
Applicant with Date

\_\_\_\_\_  
Signature / LTI of the Claimant to be attested  
by the Departmental **GAZETTED OFFICER/**  
**Sr. Subordinate of the Section**  
with seal under whom the deceased was working  
**/ Welfare Inspector /**  
**DELEGATE (with Delegate Number & Mobile Number)**

**CERTIFICATION**

This is to certify that Sri / Smt .....  
is the widow / legal heir (s) of Late .....  
who was working as ..... in the Bill Unit No.....  
Station ..... EMP / P.F. No..... Department.....  
and died in harness on .....

(Attested copy of Legal heirship certificate issued  
by Competent Authority must be furnished)

\_\_\_\_\_  
Signature of the Supervisor / Senior  
Subordinate under whom the deceased  
served last with seal and date

\_\_\_\_\_  
Signature of the Controlling Officer  
of the department with seal and date

**FOR OFFICIAL USE**

Recommended for relief of amount of Loan outstanding against the deceased as on date of death from  
Guarantee Fund (Death Relief).

Director

Name: \_\_\_\_\_

S.E., S.E.C. & E.Co. Rlys. E.C.C.S. Ltd.