# GOVERNMENT OF WEST BENGAL DEPARTMENT OF URBAN DEVELOPMENT AND MUNICIPAL AFFAIRS (MUNICIPAL AFFAIRS BRANCH) DF-8, SECTOR-I, SALT LAKE, KOLKATA- 700 064

#### **NOTIFICATION**

No. 877/UDMA-15011(22)/7/2020-LS-MA

Dated, Kolkata, the 14th October, 2020

The outbreak of Corona Virus (COVID-19) in the country has caused loss of livelihood for a large number of self-employed persons like hawkers who could not conduct any business due to lockdown restrictions. Due to loss of business and livelihood, these people are passing through very difficult times.

- 2. In order to provide some relief to such hawkers, who are in extreme distress, the Governor is hereby pleased to introduce an ex-gratia scheme for hawkers.
- 3. The details of the scheme are given below.

### CHAPTER I Preliminary

- 1. Short title, Commencement and application (1) This Scheme will be called as the Hawker Support Scheme, 2020.
- (ii) The Scheme will come into force with immediate effect.

#### The Scheme

- (i) The Scheme will provide financial assistance to such hawkers who have lost livelihood opportunities due to outbreak of Corona Virus (COVID-19).
- (ii) The hawker does not have any alternative sustainable source of income and is passing through extreme distress.
- (iii) The financial assistance of one-time ex-gratia payment of Rs. 2000/- will be provided to such hawkers.

#### 2. The detailed modalities of this Scheme are given below:

#### A. Eligibility:

Any hawker who is a permanent resident of West Bengal, who is in extreme distress due to loss of business/livelihood opportunities due to outbreak of Corona Virus (COVID-19) and does not have any alternative sustainable source of income, will be eligible for the assistance on fulfilment of following conditions:

- (i) The hawker conducts his business within the municipal limits of the concerned Municipality/NAA/Municipal Corporation.
- (ii) The hawker should not be a beneficiary of any social scheme of the State, like social pension scheme (Old age, Widow and Disability pension) or any other monthly financial assistance scheme.
- (iii) Only one person from a family will be eligible. Family for the purpose of the scheme shall include husband, wife and unmarried children.

#### B. How to Apply:

Eligible persons shall submit Application (as per enclosed Format – Annexure-A) to the local police authority.

#### 3. Processing and Approval:

- i) Concerned Corporation or Municipality/NAA will keep liaison with local police authority and make arrangements to collect applications from local police authority after police verification.
- ii) Concerned Corporation or Municipality/NAA will take up the task of digitization & data compilation immediately on receipt of verified application forms (Annexure –A) from police authority.
- iii) For digitization & data compilation work specific software will be provided by the department.

#### 4. Nodal Department

Urban Development & Municipal Affairs will be the Nodal Department and State Urban Development Agency will act as Nodal Agency for the implementation, monitoring and supervision of the scheme.

This has been issued with the concurrence of Finance Department vide UO No. Group R/2020-2021/0099 dated 28.09.2020

By order of the Governor,

Joint Secretary to the Government of West Bengal

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## Government of West Bengal HAWKER SUPPORT SCHEME 2020 (ONE TIME) হকার সহায়তা প্রকল্প ২০২০(এক কালীন) APPLICATION FORM / আবেদন পত্র

|  | (* M.          | arke            |               | RSON           |               |               |             |              |                 |         |          |      | <b>বশ্যিক</b> | )      |       |              |       |         |       |     |
|--|----------------|-----------------|---------------|----------------|---------------|---------------|-------------|--------------|-----------------|---------|----------|------|---------------|--------|-------|--------------|-------|---------|-------|-----|
| Name of Applicant *  | 1              | T               | PE            | SON            | AL D          | EIA           | ILS /       | 4) K         | कु भ <u>ा</u> र | a 0:    | 4)116    |      | 1 1           |        | - 1/- |              |       |         |       |     |
| আবেদনকারীর নাম *   | -              | +               | -             | -              |               |               | -           | -            | -               | -       | -        | -    |               |        |       |              |       |         |       |     |
| Father's Name *  | +              | 1               | -             |                |               |               | -           | -            | -               | -       | -        |      | +             |        |       |              |       | _       |       | -   |
| পিতার নাম *  | +-             |                 | -             |                |               | _             |             |              | -               |         | -        |      |               |        |       |              | -     | _       |       | H   |
| Gender * / লিঙ্গ *   |                | Ma              | le / 4        | ।<br>পুরুষ     |               |               |             |              | Fom             | alo /   | ।<br>মহি | ना   |               | -      |       | \* b = a = a | / 176 |         | TT.   | -   |
| Date of Birth/জন্ম তারিখ   |                | 1416            | 16 /          | 744            |               | -             | -           |              | Tem             | -       |          |      | য়স *         | }      |       | thers        |       | Year    |       |     |
| Location of Sale   |                |                 | 1             |                |               |               |             | +            |                 |         | Age      | / 1  | 401           | -      |       | -            | -     | Tear    | 5/5   | 150 |
| বিক্রয়ের স্থান  |                |                 |               |                |               |               |             |              |                 | -       |          | -    |               |        |       |              |       |         |       |     |
| Product sold/servises  |                |                 |               |                |               |               |             |              |                 |         |          |      |               |        |       |              |       |         |       |     |
| provided   |                |                 |               |                |               |               |             |              |                 |         |          |      |               |        |       |              |       |         |       |     |
| বিক্রিত পণ্য/প্রদত্ত পরিষেবা                                     | 10             |                 |               |                |               |               |             |              |                 |         |          |      |               |        |       |              |       |         |       |     |
| EPIC / Voter Id. No.* / এপিক                                     | / (mile        | 12 4            | 106 =         | 0 *            |               | _             | -           | -            |                 |         | -        |      |               | 4      |       | -            | _     |         |       |     |
| Digital Ration Card No./ডিজিট                                    |                |                 |               |                |               |               |             | -            |                 | -       | -        |      | -             | -      |       |              | _     | _       |       |     |
| Aadhaar Card No. / আধার কা                                       |                | 114             | काल           | 45             |               |               |             |              |                 | _       | -        |      |               | -      |       |              |       |         |       |     |
| (If available)   | 9 71           |                 |               |                |               |               |             |              |                 |         |          |      |               |        |       |              |       |         |       |     |
| (ii available)   |                | -               | ONT           | ACT            | DETA          |               | / (5)       | TSTIT        | SULE            | V 72    | 2000     | -    |               |        |       |              |       |         |       |     |
| State* / রাজ্য *   | w              | E               | S             | T              | UEIA          | B             | E           | N            | यार<br>G        |         |          | 7    |               |        | _     | - 1          |       |         |       |     |
| District* / জেলা*  | - 00           | -               | 3             |                |               | В             | -           | IN           | G               | A       | L        | -    |               |        |       | -            |       | _       |       |     |
| Municipality/Corp.*/   | +              | -               |               | -              | -             |               |             |              |                 |         |          | -    |               | -      |       |              | -     | -       |       |     |
| মিউনিসিপালিটি/কর্পো: *   |                | -               |               |                | _             |               |             |              | _               | _       |          |      | -             | -      |       |              | -     |         |       |     |
| Ward No.*/ওয়ার্ড নং*  | +              | -               | -             |                |               | _             |             |              |                 |         | -        |      |               |        |       |              | -     | _       |       | _   |
| House/Premises / বাডির নং  | +              | -               |               |                | -             |               |             | -            |                 |         |          |      | <u> </u>      | _      |       | -            | _     | _       |       |     |
| Post Office / ডাকঘর  | -              |                 | -             |                |               |               |             |              |                 | PIN     | Cod      | e /  | প্ৰন কে       | गुल    |       | -            | _     |         |       |     |
| Police Station / থানা  | -              |                 |               |                |               |               |             | -            |                 |         |          | =    |               | _      |       | _            | _     |         |       |     |
| Mobile No. */ মোবাইল নং *  | +              |                 | -             |                | -             | _             |             |              |                 |         |          |      |               |        |       |              |       | $\perp$ |       |     |
| iviobile No. / Caldison 43"                                      |                |                 | 1.00          |                |               |               | - / -       |              |                 | 5       |          |      |               |        |       |              |       |         |       |     |
| Bank Name* / ব্যাংকের নাম*                                       | BA             | ANK             | ACC           | TNUC           | DET           | AIL:          | 5/4         | गक           | এক              | ाउ<br>। | তর       | ববর  | বণ            |        |       |              |       |         |       |     |
| Branch Name* / শাখার নাম*  | -              |                 |               |                | -             |               |             |              |                 |         |          |      |               | _      |       |              |       |         |       |     |
| Account No.* / একাউন্ট নং*                                       | -              |                 |               |                |               |               |             |              |                 |         |          |      |               | _      |       |              |       |         |       |     |
| IFS Code* / IFS কোড*   | +              |                 |               |                | _             |               |             |              |                 |         |          |      |               |        |       |              |       |         |       |     |
| IFS Code / IFS COIG  |                |                 |               |                |               |               |             |              |                 |         |          |      |               |        |       |              |       |         |       |     |
|  |                |                 | 5             | ELF C          | DECL          | ARA           | TION        | 1/0          | वायः            | ग्रभः   | <u> </u> |      |               |        |       |              |       |         |       |     |
| l hereby declare that the inform<br>করছি যে উপরে দেওয়া তথ্যগুলি | matioi<br>ই আম | n giv<br>ার জ্ঞ | en a<br>गन् उ | bove<br>বিশ্বা | is tru<br>স অ | ie to<br>নুসা | the<br>রে স | best<br>छा । | of m            | ıy kn   | owle     | edge | and b         | elief. | / 0   | व्याभि द     | াই ম  | त्य (   | घाश्व | 97  |
| Date / তারিখ :   |                |                 |               |                |               |               |             |              |                 |         | (Sign    | atur | e of A        | pplic  | ant/  | 'আবে         | দনব   | নরীর    | স্থা  | কর  |
| /tf:   |                |                 |               | FC             | OR O          | FFIC          | IAL         | USE          | ONL             |         |          |      |               |        |       |              |       |         |       |     |
| Verification by Police   |                |                 |               |                |               |               |             |              |                 |         |          |      |               |        |       |              |       |         |       |     |
| Verified and found the above                                     | submi          | tted            | deta          | ils co         | rrect         |               |             |              |                 |         |          |      |               |        |       |              |       |         |       |     |
| Name of Officer:   |                |                 |               |                |               |               |             |              |                 |         |          |      |               |        |       |              |       |         |       |     |
| Designation of Officer:  |                |                 |               |                |               |               |             |              |                 |         |          |      |               |        |       |              |       |         |       |     |
| Name of Police staion:   |                |                 |               |                |               |               |             |              |                 |         |          |      |               |        |       |              |       |         |       |     |
| Date:  |                |                 |               |                |               |               |             |              |                 |         | ature    |      |               |        |       |              |       |         |       |     |
| Data enrty by Corporation/ N                                     | /lunici        | palit           |               |                |               |               |             |              |                 |         |          |      | Muni          |        |       |              |       |         |       |     |
| Data entry SI No.  |                |                 | De            | cision         | of C          | orp           | orati       | on/          | Muni            | icipa   | lity/f   | AAV  | :- App        | rove   | d/ R  | leject       | ed    |         |       |     |
| Name of authorised Officer of                                    | corpo          | ratio           | on/m          | unici          | pality        | y/N/          | AA:         |              |                 |         |          |      |               |        |       |              |       |         |       |     |
| Designation of Officer:  |                |                 |               |                |               |               |             |              |                 |         |          |      |               |        |       |              |       |         |       |     |
| Date:  |                |                 |               |                |               |               |             |              |                 | Sign    | ature    | 2:   |               |        |       |              |       |         |       |     |

| Сору | forwarded for information and necessary action to the -  |  |  |  |  |  |  |  |  |  |  |
|------|--|--|--|--|--|--|--|--|--|--|--|
| 1.   | Chairman/Chairperson, Board of Administrator/Administrator,                                      |  |  |  |  |  |  |  |  |  |  |
|      | Municipality/Notified Area Authority.  |  |  |  |  |  |  |  |  |  |  |
| 2.   | Municipal Commissioner, Kolkata Municipal Corporation.   |  |  |  |  |  |  |  |  |  |  |
| 3.   | District Magistrate, , P.O. , Dist.  |  |  |  |  |  |  |  |  |  |  |
| 4.   | Superintendent of Police,, P.O. , Dist.  |  |  |  |  |  |  |  |  |  |  |
| 5.   | Director of Local Bodies, West Bengal, Poura Prashasan Bhavan,                                   |  |  |  |  |  |  |  |  |  |  |
| 6.   | Special Secretary, Department of Urban Development and Municipal Affairs.                        |  |  |  |  |  |  |  |  |  |  |
| 7.   | Financial Advisor & E.O. Special Secretary, Department of Urban Development and Municipal        |  |  |  |  |  |  |  |  |  |  |
|      | Affairs.   |  |  |  |  |  |  |  |  |  |  |
| 8.   | Director, State Urban Development Agency with the request to circulate the scheme among all      |  |  |  |  |  |  |  |  |  |  |
|      | ULBs, District Magistrate and Superintendent of Police of all districts and to provide technical |  |  |  |  |  |  |  |  |  |  |
|      | support to ULBs for data entry and tabulation thereof.   |  |  |  |  |  |  |  |  |  |  |
| 9.   | Joint Secretary (all), Department of Urban Development and Municipal Affairs.                    |  |  |  |  |  |  |  |  |  |  |
| 10.  | Commissioner, Bidhannagar/Siliguri/Asansol/Durgapur/Chandernagore Municipal Corporation.         |  |  |  |  |  |  |  |  |  |  |
| 11.  | Private Secretary to the Hon'ble Minister-in-Charge of this Department.                          |  |  |  |  |  |  |  |  |  |  |
| 12.  | Assistant Secretary, Finance (Gr R) Department, Nabanna, Howrah - 711 102.                       |  |  |  |  |  |  |  |  |  |  |
| 13.  | Executive Officer, Municipality/Notified Area Authority.   |  |  |  |  |  |  |  |  |  |  |
| 14.  | Finance Officer,   |  |  |  |  |  |  |  |  |  |  |
| 15.  | Sr. P S to Chief Secretary, Government of West Bengal.   |  |  |  |  |  |  |  |  |  |  |
| 16.  | Sr. P S to Principal Secretary, Department of Urban Development and Municipal Affairs.           |  |  |  |  |  |  |  |  |  |  |
| 17.  | P.A. to Mayor/ Chairperson, Board of Administrator,  |  |  |  |  |  |  |  |  |  |  |
|      | Bidhannagar/Siliguri/Asansol/Durgapur/Chandernagore Municipal Corporation.                       |  |  |  |  |  |  |  |  |  |  |
| 18.  | Section Officer, e-Governance Cell of this Department with a request to upload the same in the   |  |  |  |  |  |  |  |  |  |  |
|      | departmental Website.  |  |  |  |  |  |  |  |  |  |  |
| 19.  | Guard file of Law & Statutory Wings of this Department.  |  |  |  |  |  |  |  |  |  |  |

Joint Secretary to the Govt. of West Bengal

14/10/1020