

Panaji, 16th February, 2023 (Magha 27, 1944)

SERIES I No. 46

OFFICIAL GOVERNMENT OF GOA GAZETTE



PUBLISHED BY AUTHORITY

NOTE

There is an Extraordinary issue to the Official Gazette, Series I No. 45 dated 9-2-2023, namely:—

(1) Extraordinary dated 16-2-2023 from pages 1555 to 1562, Notification from Department of Finance regarding Goa Online Lottery Rules, 2023.

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1. Labour	Not.- 24/21/2009-LAB-II	Draft Notification—Minimum rates of wages.	1563
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GOVERNMENT OF GOA

Department of Labour

Notification

24/21/2009-LAB-II

Read: Government Notification No. 24/21/
/2009-LAB-II/240 dated 01st April,
2016, published in the Official Gazette,
Series I No. 1 dated 7th April, 2016.

The following draft Notification which is proposed to be issued by the Government of Goa under clause (a) of sub-section (1) of section 3, read with clause (i) of sub-section (1) of section 4 and sub-section (2) of section 5 of the Minimum Wages Act, 1948 (Central Act 11 of 1948) (hereinafter called the "said Act"), for fixing the minimum rates of wages payable to various categories of employees employed in various trades in the Scheduled employment, namely, "Employment in Petrol and Diesel Pumps", is hereby published as required by clause (b) of sub-section (1) of section 5 of the said Act (hereinafter called the "said proposal"), and notice is hereby given that the said proposal will be taken into consideration by the Government after the expiry of a period of two months from the date of publication of this notification in the Official Gazette.

All persons likely to be affected thereby may forward their suggestions and objections, if any, to the Secretary (Labour), Government of Goa, Labour Department, Secretariat, Porvorim-Goa, before the expiry of the said period of two months so that such suggestions and objections could be taken into consideration at the time of finalization of the said proposal.

DRAFT NOTIFICATION

In exercise of the powers conferred by clause (a) of sub-section (1) of section 3, read with clause (i) of sub-section (1) of section 4 and sub-section (2) of section 5 of the Minimum Wages Act, 1948 (Central Act 11 of 1948), the Government of Goa hereby fixes the minimum rates of wages payable to various categories of employees employed in various trades in the Scheduled employment, namely, "Employment in Petrol and Diesel Pumps" as shown in the Schedule below:-

SCHEDULE

Sr. No.	Details of categories	Minimum rates of basic wages per day
(1)	(2)	(3)
(1)	CATEGORY - I Manager	Rs. 806/-
(1)	CATEGORY - II Accountant	Rs. 734/-

1563

(1)	(2)	(3)
(2)	Cashier	
(3)	Clerk	
(4)	Supervisor	
	CATEGORY - III	
(1)	Fore Court Salesman/ /Pump Attendant	Rs. 625/-
(2)	Air Boy/Air Man	
	CATEGORY - IV	
(1)	Helper	Rs. 553/-
(2)	Cleaner	
(3)	Sweeper	
(4)	Peon	

The minimum rates of wages fixed shall be effective from the date of final publication of this notification in the Official Gazette and shall consist of:-

(A) Basic rated of wages as set out in Columns (3) of the Schedule, Annexed to this notification and payable to the categories of employees mentioned against them in Column (2) thereof; and

(B) The special allowance (herein after referred to as variable dearness allowance) in addition to the rates of wages as fixed and notified above at the rates of Rs. 0.95 paise for every point rise or fall beyond 366 points of All India Consumer Price Index for Industrial Workers base year 2001=100. Commissioner, Labour and Employment, Panaji, shall calculate, adjust and notify such special allowance applicable from 01-04-2023 based on the average All India Consumer Price Index for Industrial Workers (2001=100) for the period 1st July, 2022 to 31st December, 2022. Thereafter, Commissioner, Labour and Employment, Panaji, shall periodically adjust and notify the rate of special allowance one in every six months on 1st October and 1st April every year based on the average of All India Consumer Price Index (2001=100) for the period from January to June and July to December of the preceding period respectively.

Explanation.— (1) Where, in any area/establishment of Scheduled employment, wages fixed under this notification are lower than the wages fixed by the Central Government or by agreement or settlement or contract or contractor's regulation attached to the conditions of contract, the higher rate would be payable as minimum wages under this notification.

(2) The minimum rates of wages as fixed under this notification are applicable to employees engaged by the principal employer or contractor or sub-contractor, etc.

(3) Male, female and transgender workers shall be paid the same rate of wages fixed for the same category or for equal work.

(4) Where part time workers are employed, they should be paid pro-rata wages in accordance with the number of hours of work done.

(5) The monthly rate of minimum wages payable to an employee in any category, in respect of which daily rate of minimum wages is fixed, shall be computed by multiplying the daily rate by 26.

(6) The minimum rates of wages include the wages for weekly day of rest.

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

Amalia O. F. Pinto, Under Secretary (Labour).

Porvorim, 8th February, 2023.



Department of Planning

Directorate of Planning, Statistics & Evaluation
Office of the Chief Registrar of Births & Deaths

Notification

DPSE/RBD/Amendment-Rule/2020/3178

In exercise of the powers conferred by section 30 of the Registration of Births and Deaths Act, 1969 (Central Act No. 18 of 1969), the Government of Goa, with the approval of the Central Government, hereby makes the following rules so as to further amend the Goa Registration of Births and Deaths Rules, 1999, namely:—

1. Short title and commencement.— (1) These rules may be called the Goa Registration of Births and Deaths (Amendment) Rules, 2023.

(2) They shall come into force on the date of their publication in the Official Gazette.

2. Substitution of Forms.— In the principal rules and subsequent Amendment called the Goa Registration of Births and Deaths (Amendment) Rules, 2021, for the existing Form Nos. 1, 2, 3, 5, 6, 7, 8 and 9, the following forms shall be respectively substituted, namely:—

Form No.1 (See rule 5)

ENDORSEMENT
No. (.....)
BR

Form No.7
(See rule 12)
BIRTH REGISTER

BIRTH REPORT
Legal Information
This part is to be added to the Birth Register

BIRTH REPORT
Statistical Information
This part to be detached and sent for statistical processing

FORM No. 1
In the case of multiple births, fill in separate form for each child and write "Twin birth" or "Triple birth", etc., as the case may be in the remarks column in the box below left.

To be filled by the Informant:

1. Date of Birth: (Enter the exact day, month and year the child was born e.g. 01-01-2000)
 2. Sex: (Enter "Male, Female or Transgender", ... do not use abbreviation)
 3. Name of the Child, if any:
(If not named, leave blank)
UID No. of Child
 4. Name of the Father:
(full name as usually written)
UID No. of Father
 5. Name of the Mother:
(full name as usually written)
UID No. of Mother
 - 5a. Permanent address of Parents:
 - 5b. Address of Parents at the time of birth of Child:
 6. Name of Grandfather (father's side):
 7. Name of Grandmother (father's side):
 8. Place of birth:
(Tick the appropriate entry 1, 2 or 3 below and give the name of the Hospital/Institution or the address of the house where the birth took place. If other place give location).
1) Hospital/Institution Name:
2) House Address:
3) Other Place:
 9. Informant's Name:
Address:
- (After completing all columns 1 to 22, Informant will put date and signature here):

Date:
(Signature or left thumb mark of the informant)

To be filled by the informant:

10. Town or village of residence of the mother: (Place where the mother lives. This can be different from the place where the delivery occurred. The house address is not required to be entered):
a) Name of Town/Village:
b) Is it a Town or Village? (Tick the appropriate entry below):
(1) Town (2) Village
c) Name of District:
d) Name of State:
11. Religion of the Family (Tick the appropriate entry below):
(1) Hindu (2) Muslim (3) Christian
(4) Any other religion: (Write the name of the religion):
12. Father's level of education:
(Enter the completed level of education e.g. if studied upto Class VII but passed only class VI, write class VI)
13. Mother's level of education:
(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI).
14. Father's occupation:
(If no occupation write 'Nil').
15. Mother's occupation:
(If no occupation write 'Nil').

To be filled by the informant:

16. Age of the mother (in completed years) at the time of marriage: (if married more than once, age at first marriage may be entered):
 17. Age of the mother (in completed years) at the time of this birth:
 18. Number of children born alive to the mother so far including this child:
(Number of children born alive to include also those from earlier marriage(s), if any)
 19. Type of attention at delivery: (Tick the appropriate entry below):
1) Institutional-Government:
2) Institutional-Private or Non-Government:
3) Doctor, Nurse or Trained midwife:
4) Traditional birth attendant:
5) Relatives or others:
 20. Method of Delivery: (Tick the appropriate entry below):
1) Natural
2) Caesarean
3) Forceps/Vacuum
 21. Birth Weight (in kgs.) if available:
 22. Duration of pregnancy (in weeks):
- (Columns to be filled are over. Now put signature at left).

To be filled by the Registrar:

Registration No. : Registration date :
Registration Unit : District :
Town/Village :
Remarks (if any) :
Name and signature of the Registrar

To be filled by the Registrar:

Name : Code No. :
District :
Tehsil :
Town/Village :
Registration Unit :
Registration No.: Registration date:
Date of Birth:
Sex: (1) Male (2) Female (3) Transgender
Place of Birth: (1) Hospital/Institution (2) House
(3) Other Place
(Name and signature of the Registrar)

Form No.2 (See rule 5)

Form No.8
(See rule 12)
DEATH REGISTER

DEATH REPORT
Legal Information

This part is to be added to the Death Register

DEATH REPORT
Statistical Information

This part to be detached and sent for statistical processing

FORM No. 2

ENDORSEMENT
No. (.....)
DR

To be filled by the Informant:

1. Date of Death: (Enter the exact day, month and year the death took place e.g. 01-01-2000)
2. Name of the deceased:
(Full name as usually written)
UID No. of deceased
3. Sex of the deceased:
(Enter "Male, Female or Transgender" do not use abbreviation)
4. Name of the Mother:
UID No. of Mother
5. Name of the Father:
UID No. of Father
- 5a. Name of Husband/Wife:
UID No. Husband/Wife
- 5b. Age of Husband/Wife:
- 5c. Contact details of Husband/Wife:
6. Age of the deceased:
(If the deceased was over 1 year of age, give age in completed years.
If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below 1 day, in hours).
7. Address of the deceased at the time of Death:
8. Permanent address of the deceased:
9. Place of Death:
(Tick the appropriate entry 1, 2 or 3 below and give the name of the Hospital/Institution or the address of the house where the death took place. If other place give location).
1) Hospital/Institution Name & Address:
2) House Address:
3) Other Place:
10. Informant's Name:
Address:

(After completing all columns 1 to 21, Informant will put date and signature here):

Date: (Signature or left thumb mark of the informant)

To be filled by the informant:

11. Town or village of residence of the deceased: (Place where the deceased actually lived. This can be different from the place where the death occurred. The house address is not required to be entered):
a) Name of Town/Village:
b) Is it a Town or Village? (Tick the appropriate entry below):
(1) Town (2) Village
c) Name of District:
d) Name of State:
12. Religion (Tick the appropriate entry below):
(1) Hindu (2) Muslim (3) Christian
(4) Any other religion: (Write the name of the religion):
13. Occupation of the deceased:
(If no occupation write 'Nil')
14. Type of medical attention received before death: (Tick the appropriate entry below).
1) Institutional:
2) Medical attention other than institution:
3) No medical attention:

To be filled by the informant:

15. Was the cause of death medically certified? (Tick the appropriate entry below):
(1) Yes (2) No
16. Name of disease or actual cause of death (For all deaths irrespective of whether medically certified or not):
17. In case, this is a female death, did the death occur while pregnant, at the time of delivery or within 6 weeks after the end of pregnancy: (Tick the appropriate entry below):
(1) Yes (2) No
18. If used to habitually smoke- for how many years?
19. If used to habitually chew tobacco in any form- for how many years?
20. If used to habitually chew arecanut in any form (including pan massala)- for how many years?
21. If used to habitually drink alcohol- for how many years?

(Columns to be filled are over. Now put signature at left).

To be filled by the Registrar:

Registration No.:
Registration date:
Registration Unit:
District:
Town/Village:
Remarks (if any):

Name and signature of the Registrar

To be filled by the Registrar:

Name:
Code No.
District:
Tehsil:
Town/Village:
Registration Unit:
Registration No.:
Registration date:
Date of Death: Age: years/months/days/ hours.
Sex: (1) Male (2) Female (3) Transgender
Place of Death: (1) Hospital/Institution (2) House (3) Other place

Name and signature of the Registrar

Form No.3 (See rule 5)

Form No.9 (See rule 12) STILL BIRTH REGISTER STILL BIRTH REPORT Legal Information This part is to be added to the Still Birth Register	FORM No. 3 STILL BIRTH REPORT Statistical Information This part to be detached and sent for statistical processing In the case of multiple births, fill in a separate form for each child and write "Twin birth" or "Triple birth", etc., as the case may be in the remarks column in the box below left
To be filled by the Informant: 1. Date of Birth: (Enter the exact day, month and year e.g. 01-01-2000) 2. Sex: (Enter "Male, Female or Transgender", ... do not use abbreviation). 3. Name of the Father: (Full name as usually written) UID No. of Father 4. Name of the Mother: (Full name as usually written) UID No. of Mother 5. Place of Birth: (Tick the appropriate entry below and give the name of the Hospital/Institution or the address of the house where the birth took place. If other place give location). 1) Hospital/Institution Name: 2) House Address: 3) Other Place: 6. Informant's Name: Address: (After completing all columns 1 to 12, Informant will put date and signature here): Date: _____ (Signature or left thumb mark of the informant)	To be filled by the informant: 7. Town or village of residence of the mother: (Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered): a) Name of Town/Village: b) Is it a Town or Village? (Tick the appropriate entry below): (1) Town (2) Village c) Name of District: d) Name of State: 8. Age of mother (In completed years at the time of this birth): 9. Mother's level of education: (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI). 10. Type of attention at delivery: (Tick the appropriate entry below): 1) Institutional-Government: 2) Institutional-Private or Non-Government: 3) Doctor, Nurse or Trained midwife: 4) Traditional Birth attendant: 5) Relatives or others: 11. Duration of pregnancy (in weeks): 12. Cause of Foetal death (if known): (Columns to be filled are over. Now put signature at left).
To be filled by the Registrar Registration No.: _____ Registration date: _____ Registration Unit: Town/Village: _____ District: _____ Remarks (if any): _____ Name and signature of the Registrar	To be filled by the Registrar Name District: Tehsil: Town/Village: Registration Unit: Code No. Registration No.: _____ Registration date: _____ Date of Birth: _____ Sex: (1) Male (2) Female (3) Transgender Place of Birth: (1) Hospital/Institution (2) House (3) Other Place (Name and signature of the Registrar)

क्र. _____
No. _____

गोंय सरकार
GOVERNMENT OF GOA

नमूनो — ५
Form - 5



कार्यालय / Office of

प्रमाणपत्र जारी करपी थळावे संस्थेचें नांव / Name of local body issuing certificate



जल्म प्रमाणपत्र

BIRTH CERTIFICATE

[जल्म आनी मृत्यू नोंदणी अधिनेम, १९६९ च्या कलम १२/१७ आनी गोंय जल्म आनी मृत्यू नोंदणी (दुरुस्ती) नेम, २०२३ च्या नेम ८/१३ अंतर्गत जारी केलां].

[Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969 and Rule 8/13 of the Goa Registration of Births and Deaths (Amendment) Rules, 2023].

अशे प्रमाणित करता की सकयल दिल्ली माहिती ही जल्माच्या मूळ लेखातल्यान घेतल्या जी गोंय राज्याच्या जिल्ल्याच्या तहसील/तालुक्याच्या (थळाव्या वाठार/थळाचे संस्थेत) रजिस्ट्रात नोंद आसा.

This is to certify that the following information has been taken from the original record of birth which is the register for (local area/local body) of tehsil/block of District of Goa State.

नांव/Name: लिंग/Sex:

यूआयडी क्र./UID No.

X	X	X	X	X	X	X	X	X				
---	---	---	---	---	---	---	---	---	--	--	--	--

जल्म तारीख/Date of Birth: जल्म सुवात/Place of Birth:

आवयचें नांव/Name of Mother:

आवयचो यूआयडी क्र./UID No. of Mother:

X	X	X	X	X	X	X	X	X				
---	---	---	---	---	---	---	---	---	--	--	--	--

बापायचें नांव/Name of Father:

बापायचो यूआयडी क्र./UID No. of Father:

X	X	X	X	X	X	X	X	X				
---	---	---	---	---	---	---	---	---	--	--	--	--

आज्याचें नांव (बापाय वटेंतल्यान)/Name of grandfather (father's side):

आजयेचें नांव (बापाय वटेंतल्यान)/Name of grandmother (father's side):

भुरग्याच्या जल्मावेळार पालकांचो पत्तो
Address of the parents at the time of birth of the child

पालकांचो कायमचो पत्तो
Permanent address of parents

नोंदणी क्र./Registration No.: नोंदणी केल्ली तारीख/Date of Registration:

शेरो (जरी आसल्यार)/Remarks (if any):

जारी केल्ली तारीख/Date of issue:

जारी करपी प्राधिकाऱ्याची सय/Signature of the issuing authority

जारी करपी प्राधिकाऱ्याचो पत्तो/Address of the issuing authority

शिवको
seal

“Ensure registration of every birth and death/प्रत्येक जल्म वा मृत्यूची नोंदणी केल्या हाची खात्री करची”.

(All the entries should be in ENGLISH only)/सगळ्यो नोंदी फक्त इंग्लिशीतल्यान करच्यो)

क्र. _____
No. _____

गोंय सरकार
GOVERNMENT OF GOA

नमूनो — ६
Form - 6



कार्यालय / Office of

प्रमाणपत्र जारी करपी थळावे संस्थेचें नांव / Name of local body issuing certificate

मृत्यू प्रमाणपत्र
DEATH CERTIFICATE



(जल्म आनी मृत्यू नोंदणी अधिनेम, १९६९ च्या कलम १२/१७ आनी गोंय जल्म आनी मृत्यू नोंदणी (दुरुस्ती) नेम, २०२३ च्या नेम ८/१३ अंतर्गत जारी केलां).

(Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969 and Rule 8/13 of the Goa Registration of Births and Deaths (Amendment) Rules, 2023)

अशे प्रमाणित करता की सकयल दिल्ली माहिती ही मृत्यूच्या मूळ लेखातल्यान घेतल्या जी गोंय राज्याच्या जिल्ल्याच्या तहसील/तालुक्याच्या (थळाव्या वाठार / थळाचे संस्थेत) रजिस्टरात नोंद आसा.

This is to certify that the following information has been taken from the original record of death which is the register for (local area/local body) of tehsil/block of District of Goa State.

नांव/Name: लिंग/Sex:

मरण आयिल्ल्या व्यक्तीचो यूआयडी क्र./UID No. of deceased

X	X	X	X	X	X	X	X				
---	---	---	---	---	---	---	---	--	--	--	--

जल्म तारीख/Date of Birth: जल्म सुवात/Place of Birth:

आवयचें नांव/Name of Mother:

आवयचो यूआयडी क्र./UID No. of Mother:

X	X	X	X	X	X	X	X				
---	---	---	---	---	---	---	---	--	--	--	--

बापायचें नांव/Name of Father:

बापायचो यूआयडी क्र./UID No. of Father:

X	X	X	X	X	X	X	X				
---	---	---	---	---	---	---	---	--	--	--	--

घरकार/घरकान्नीचे नांव/Name of Husband/Wife:

घरकार/घरकान्नीचो यूआयडी क्र./UID No. of Husband/Wife

X	X	X	X	X	X	X	X				
---	---	---	---	---	---	---	---	--	--	--	--

मृत्यू वेळार मरण आयिल्ले व्यक्तीचो पत्तो
Address of the deceased at the time of death

मरण आयिल्ले व्यक्तीचो कायमचो पत्तो
Permanent address of the deceased

नोंदणी क्र./Registration No.: नोंदणी केल्ली तारीख/Date of Registration:

शेरो (जरी आसल्यार)/Remarks (if any):

जारी केल्ली तारीख/Date of issue:

जारी करपी प्राधिकाऱ्याची सव/Signature of the issuing authority

जारी करपी प्राधिकाऱ्याचो पत्तो/Address of the issuing authority



“Ensure registration of every birth and death / प्रत्येक जल्म वा मृत्यूची नोंदणी केल्या हाची खात्री करची”

टिप: मृत्यू आयल्यार, नोंदणीत नोंद केल्ल्या प्रमाणे मृत्यूच्या प्रकरणा संबंधी तपशिलांची उक्तीवणी करचे नात. उप-कलम १७ (१) ची तरतूद पळोवची
Note: In case of death, no disclosure shall be made of particulars regarding the cause of death as entered in the Register. See proviso to sub-section 17(1)

(All the entries should be in ENGLISH only / सगळ्यो नोंदी फकत इंग्लिशीतल्यान करच्यो)

ENDORSEMENT
No. (.....)
DR

Form No. 7

(See rule 12)

BIRTH REGISTER**BIRTH REPORT**

Legal Information

This part is to be added to the Birth Register

To be filled by the Informant:

1. **Date of Birth:** (Enter the exact day, month and year the child was born
e. g. 01-01-2000)

--	--	--	--	--	--	--	--
 2. **Sex:** (Enter "Male, Female or Transgender", ...
do not use abbreviation)
 3. **Name of the child, if any:**
(If not named, leave blank)
UID No. of Child

--	--	--	--	--	--	--	--
 4. **Name of the father:**
(Full name as usually written)
UID No. of Father

--	--	--	--	--	--	--	--
 5. **Name of the mother:**
(Full name as usually written)
UID No. of Mother

--	--	--	--	--	--	--	--
 - 5a. **Permanent address of Parents:**
 - 5b. **Address of Parents at the time of birth of Child:**
 6. **Name of Grandfather (father's side):**
 7. **Name of Grandmother (father's side):**
 8. **Place of birth:**
(Tick the appropriate entry 1, 2 or 3 below and give the name of the Hospital/Institution or the address of the house where the birth took place. If other place give location).
 - 1) **Hospital/Institution Name:**
 - 2) **House Address:**
 - 3) **Other Place:**
 9. **Informant's Name:**
Address:
(After completing all columns 1 to 22,
Informant will put date and signature here):
- Date: _____ (Signature or left thumb mark of the informant)

To be filled by the Registrar

Registration No.: _____ Registration Date: _____
 Registration Unit: _____ District: _____
 Town/Village: _____
 Remarks: (If any) _____

 Name and Signature of the Registrar

ENDORSEMENT

No. _____

DR.....

Form No. 8

(See rule 12)

DEATH REGISTER

DEATH REPORT

Legal Information

(This part is to be added to the Death Register)

To be filled by the informant

1. **Date of Death:** (Enter the exact day, month and year the death took place e.g. 01-01-2000)

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2. **Name of the deceased:**
(Full name as usually written)
UID No. of deceased

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3. **Sex of the deceased:**
(Enter "Male, Female or Transgender" do not use abbreviation)
4. **Name of Mother:**
UID No. of Mother

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5. **Name of Father:**
UID No. of Father

--	--	--	--	--	--	--	--	--	--	--
- 5a. **Name of Husband/Wife:**
UID No. Husband/Wife

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- 5b. **Age of Husband/Wife:**
- 5c. **Contact details of Husband/Wife:**
6. **Age of the deceased:**
(If the deceased was over 1 year of age, give age in completed years.
If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below 1 day, in hours).
7. **Address of the deceased at the time of Death:**
8. **Permanent address of the deceased:**
9. **Place of Death:**
(Tick the appropriate entry 1, 2 or 3 below and give the name of the Hospital/Institution or the address of the house where the death took place. If other place give location).
 - 1) **Hospital/Institution Name & Address:**
 - 2) **House Address:**
 - 3) **Other Place:**
10. **Informant's Name:**
Address:
(After completing all columns 1 to 21, informant will put date and signature here):

Date: _____ *(Signature or left thumb mark of the informant)*

To be filled by the Registrar

Registration No.:

Registration Date:

Registration Unit:

District:

Town/Village:

Remarks (if any):

.....
Name and Signature of the Registrar

Form No. 9

(See rule 12)

STILL BIRTH REGISTER**STILL BIRTH REPORT**

Legal Information

*This part to be added to the Still Birth Register***To be filled by the informant:**

1. **Date of Birth:** (Enter the exact day, month and year e.g. 1-1-2000).

--	--	--	--	--	--	--	--
2. **Sex:** (Enter "Male, Female or Transgender", ... do not use abbreviation).
3. **Name of the Father:**
(Full name/as usually written)
UID No. of Father

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4. **Name of the Mother:**
(Full name as usually written)
UID No. of Mother

--	--	--	--	--	--	--	--	--	--	--	--
5. **Place of birth:**
(Tick the appropriate entry below and give the name of the Hospital/institution or the address of the house where the birth took place. If other place give location).
1) **Hospital/Institution Name:**
2) **House Address:**
3) **Other Place:**
6. **Informant's Name:**
Address:
(After completing all columns 1 to 12, informant will put date and signature here):

Date: *Signature or left thumb mark of the informant*

To be filled by the Registrar:

Registration No.:	Registration Date:
Registration Unit:	
Town/Village:	District:
Remarks (if any):	
..... <i>Name and Signature of the Registrar</i>	

”

Department of Sports & Youth Affairs

Directorate of Sports & Youth Affairs

Notification

DSYA/CS/DEP/NSNIS/2020-21

The Government is pleased to introduce a scheme for “Deputation of Sports Person to Netaji Subhas National Institute of Sports”.

1) *Short title and commencement.*— a) The scheme shall be called “Deputation of Sports Person to Netaji Subhas National Institute of Sports”.

b) It shall commence and come in force from the date of publication in the Official Gazette.

2) *Introduction.*— i) Having formulated the Scheme “Deputation of Sports Persons to Netaji Subhas National Institute of Sports”. The need arises to encourage meritorious sports persons to take up sports coaching as a profession and a career. The scheme will enable the sports person to become a professional coach. This scheme also seeks to achieve dedicated and scientific coaching structure, through the existing Sports Coaching Centres in the State and utilising the available sports infrastructure in the State.

3) *Objective.*— i) To ensure that the selected sports persons receive training from the premier Institute of Sports Coaching in the country.

ii) To impart high level scientific training to talented and top level athletes in different sports from the State in coaching.

iii) To extend support to meritorious sports persons who are from economically weaker sections and to enable them to pursue sports coaching as a profession and career.

iv) To ensure athletes in the State achieve high level of performance at State, National and International level.

v) To groom the Sub-Junior & Junior Level Sports persons in the age group of 7 years onwards, where sports infrastructure is available in the State.

4) *Selection Criteria.*— i) Eligible candidates desirous to seek admission to Diploma course in Sports Coaching should apply to Directorate of Sports & Youth Affairs before 31st April of every year for deputation.

ii) All details pertaining to filing up of application form and fee payment is given on the website www.nsnis.org.

iii) Eligible candidates shall be called on the basis of documents submitted by them.

iv) Candidates may be in possession of all original certificates/credentials and other documents for verification by the respective academic centres at the time of joining the course.

5) *Category.*—

A(I) Direct admission for eminent sports persons

Educational Qualifications	10 + 2
Sports Achievements	Won any medal at Olympics
	OR
	Won any medal at Senior World Championship
	OR
	Won any medal at Asian/Commonwealth Games
	TOTAL

II) Category—A(II) For International Sports Persons

Educational Qualifications

Sports Achievements

10 + 2

Participation in any of the following competitions

1. Olympic Games.
2. Senior World Championship.
3. Asian Games/Senior Asian Championship.
4. Commonwealth Games/Senior Commonwealth Championship.
5. Youth Olympics.

(III) Category—B

Educational**Qualifications**

Sports Achievements

Graduation

A. Participation in major International Recognised Competition.

OR

B. Participation in any of the following competitions:

1. Recognised Senior National Championship.
2. Khelo India University Games.
3. All India Inter University Games.

OR

C. Two times participation in any of the following:

1. Recognised Junior/Youth National Championship.
2. Inter services/Inter Railways Championship/All India Police Games.
3. Khelo India Youth/Khelo India Schools Games.

OR

E. Successful completion of SAI, NS, NIS six week certificate course in sports coaching along with any one of the following:

1. Medal winner in Senior State Championship conducted by State Association of sports discipline.
2. Two (2) times participation in Senior State Championship conducted by State Association of sports discipline.

6) *Age Criteria.*— The age limit for applicants for the course shall be 21-35 years as on the last date of application.

Upper age relaxation up to five years shall be given to:

i) The candidate who have participated in Olympic Games/Senior World Championships/Asian Games/Senior Asia Championship/Commonwealth Games/Senior Commonwealth Championships.

ii) Candidates belonging to SC/ST/OBC Category.

7) *Selection process.*— 1) The selection Committee will be headed by:-

a) Director, Directorate of Sports and Youth Affairs, and will comprise of the following members:

b) Assistant Director, Coaching (DSYA).

c) Senior Coaches (1-DSYA/1-SAG).

d) Assistant Physical Education Officer (2-DSYA). The Committee will scrutinize the application of the sports persons based on their merit and recommend their name for deputation for Diploma in Sports Coaching NSNIS.

8) *Sports included for Netaji Subhas National Institute of Sports Diploma in Sports Coaching.—*

1. Archery
2. Athletic
3. Badminton
4. Basketball
5. Boxing
6. Canoeing & Kayaking
7. Cycling
8. Fencing
9. Football
10. Gymnastics
11. Handball
12. Hockey
13. Judo
14. Kabaddi
15. Kho-Kho
16. Rowing
17. Shooting
18. Swimming
19. Table-Tennis
20. Taekwondo
21. Volleyball
22. Weightlifting
23. Wrestling
24. Wushu
25. Yoga

9) *Financial Implications.—*

1. General Students (06 candidates per year):- Sports Kit, Travelling Expenses, Institution Fee, Lodging, Boarding charges and Application fees is Rs. 9,82,800/-.

2. Tribal Students (01 candidate per year):- Sports Kit, Travelling Expenses, Institution Fee, Lodging, Boarding charges and Application fees is Rs. 1,63,800/-.

3. Schedule Caste Students (01 candidate per year):- Sports Kit, Travelling Expenses, Institution Fee, Lodging, Boarding charges and Application fees is Rs. 1,63,800/-.

* Equipment Charges will be applicable for Badminton, Basketball, Football, Handball, Hockey, Table Tennis & Volleyball.

*(Additionally convenience fee for online transaction as applicable will be levied by the payment gateway).

The account details of the players will be collected and the amount will be credited to the trainees account directly through ECS every month.

10) *Periodical review of the Scheme.—* The scheme shall be reviewed every two years from the date of its implementation and necessary changes will be made as recommended by the committee consisting of:

- i) Director, Directorate of Sports and Youth Affairs.
- ii) Deputy Director, Sports (DSYA).
- iii) Assistant Director, Coaching (DSYA).
- iv) Assistant Accounts Officer.

11) *Relaxation of the provisions of the Scheme.—* The Government is empowered to relax all or any of the clauses provided in the scheme, if found fit for reasons to be recorded.

12) *Interpretation of provision of the Scheme.—* If any question or dispute arises regarding the interpretation of the scheme, the decision to be taken on the interpretation lies with the Government.

This issues with the concurrence of the Finance Department (Expenditure) vide U. O. No. 1400086144 dated 06-10-2022.

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

Rohit Kadam, Director of Sports & Youth Affairs & Jt. Secretary (ex officio).

Panaji.

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