CIRCULAR

Dated 02-09-2026

Sub: Submission of Porterage Bills for Claiming Arrears – Implementation of Revised NMB Agreement 2024–2027

All Crew Members are hereby informed that, consequent upon the implementation of the **Revised National Maritime Board (NMB) Agreement 2024–2027**, eligible arrears towards porterage allowance for the period from **January 2024 to June 2026** are required to be claimed by submitting the relevant porterage bills.

Accordingly, all concerned crew members are requested to submit their claims in the respective wage arrear forms (01.01.2024 to 31.12.2024, 01.01.2025 to 31.12.2025 and 01.01.2026 to 30.06.2026 separately) with **supporting documents**, including the relevant porterage bills, to the **Crew Department, LDCL Office, Kochi / Kavaratti** on or before **15th October 2026**.. Undertaking letter with respect to the above arrears may also be submitted along with the Wage arrear forms. (Respective Wage arrear forms and Undertaking can be downloaded from our website www.ldclkochi.com)

Crew members are advised to ensure that the claims are complete and supported by the necessary documents to facilitate verification and processing of the arrears.

Claims received after the stipulated date may not be considered for processing.

All concerned are requested to take note of the above and submit their claims within the prescribed time limit.

Crew Department
Lakshadweep Development Corporation Limited (LDCL)

WAGE ARREAR CLAIM FORM

Name	
CDC No.	
Present Rank	
Address	
Bank Details (Bank Name, A/C No., Branch Name and IFSC Code.)	
PAN No.	
Contact Number	

Furnish details for the period from 01.01.2024 to 31.12.2024

Name of the Vessel Sailed	Rank	Period of Service		Remarks
		From	To	

Date :

Signature

NB: Attach Photocopies of the portage Bills for the above period.

WAGE ARREAR CLAIM FORM

Name	
CDC No.	
Present Rank	
Address	
Bank Details (Bank Name, A/C No., Branch Name and IFSC Code.)	
PAN No.	
Contact Number	

Furnish details for the period from 01.01.2025 to 31.12.2025

Name of the Vessel Sailed	Rank	Period of Service		Remarks
		From	To	

Date :

Signature

NB: Attach Photocopies of the portage Bills for the above period.

WAGE ARREAR CLAIM FORM

Name	
CDC No.	
Present Rank	
Address	
Bank Details (Bank Name, A/C No., Branch Name and IFSC Code.)	
PAN No.	
Contact Number	

Furnish details for the period from 01.01.2026 to 30.06.2026

Name of the Vessel Sailed	Rank	Period of Service		Remarks
		From	To	

Date :

Signature

NB: Attach Photocopies of the portage Bills for the above period.

UNDERTAKING

To

The General Manager
Lakshadweep Development Corporation Limited
Botanical Garden
Kavaratti Island, U.T of Lakshadweep.

Sir,

I, the undersigned agree and undertake to refund to LDCL or make good any amount to which I am not entitled, but received due to any Bonafide error in connection with the arrear wages paid to me for the period 01.01.2024 to 30.06.2026.

Date
Place

Signature :
Name :
CDC No :
Rank :
Address :