

CLAIM APPLICATION FOR WELFARE SCHEME

(To be filled by Branch/Division Secretary & Circle Secretary jointly.
Incomplete information may cause cancellation of Application)

To

The General Secretary,
Sanchar Nigam Executives' Association (India),
B- 11 / 1 & 2, Double Storey,
Ramesh Nagar,
New Delhi - 110 015.

Dear Comrade,

We are sorry to inform you that comrade _____
JTO/SDE/DE/DGM who was a bonafide member of our association, died
on _____. Therefore, we hereby place the claim of
Rs.1,00,000/- (Rupees One lakh only) to be paid to the nominee of
the above noted deceased comrade under the Welfare Scheme.
Necessary particulars are furnished below.

Comradely yours,

(Sig.& address of the Branch Secy.)

(Sig.& address of the Dist.Secy.)

(Sig.& address of the Circle Secy.)

PARTICULARS :

1. Name of the deceased Comrade : _____
2. Date on which death occurred : _____
3. Branch/Division/Circle to which the deceased belongs : _____
4. Serial number at which the name of the deceased comrade is placed in the membership list submitted to the CHQ. : _____
5. What is strength of the membership shown in the said membership list : _____
6. Quota for CHQ /Circle is paid up to which month/year and for how many members : _____
7. Name(s) and address(es) of the nominee(s) (In block letters) : _____
(SNEA(I) CHQ SBI Account / Purasawalkam Branch, Chennai Multicity Cheque shall be issued in his/her/their names)
8. Death certificate Reference no. : _____
(Death certificate copy to be Enclosed which is mandatory for Settling the case by CHQ)

We hereby certify that the particulars mentioned above are true and correct. Incase, any mistake is found in the later date, we shall take the full responsibility for the refund of the said amount in full to SNEA(India), CHQ.

(Sig.& address of the Branch Secy.)

(Sig.& address of the Dist.Secy.)

(Sig.& address of the Circle Secy.)