



CLAIM APPLICATION FOR WELFARE SCHEME

(To be filed by Branch/Division Secretary and Circle Secy. jointly. Incomplete information may cause cancellation of Application)

To,

**The General Secretary,
Sanchar Nigam Executive Association (India),
7/55, Ramesh Nagar, New Delhi-110015.**

Dear Comrade,

We are sorry to inform you that Com. _____, JTO/SDE/DE _____, who was bonafide member of our Association, died on _____. Therefore, we hereby place the claim of Rs. 20,000/- (Rupees Twenty thousand) only to be paid to the nominee(s) of the above noted deceased comrade under the Welfare Scheme. For this, necessary particulars are given below:

Comradely Yours,

(Signature and Address
of Secretary)

(Signature and Address of Branch/Division
the Circle Secretary)

PARTICULARS

1. Name of the deceased comrade:
2. Date on which death occurred:
3. Branch/Division/Circle to which the deceased comrade belongs:
4. What is the strength of the membership of the Branch/Division
5. Quota for CHQ/Circle is paid upto what month/year and for how many members
6. Name(s) and address(s) of the nominee(s):
(Block Letters)

D/D or Cheque shall be issued in his/her/their names

7. Station on which D/D is to be drawn:

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

(Signature of the Branch/Divisional
Secretary and Address)

(Signature of the Circle
Secretary and Address)