## Form V

(See clause 11 (2) of SSY (R & R), 2017)

## CLAIM FORM FOR ASSISTANCE UNDER SAMAJIK SURAKSHA YOJANA, 2017

| Clair      | m Application No. SSY/                             |  |         | I        | П    |        |       |       | I    |         | П      | I     | ]       |
|------------|--|--|---------|----------|------|--------|-------|-------|------|---------|--------|-------|---------|
|            | egistering Authority,<br>ik Suraksha Yojana.       |  |         |          |      |        |       |       |      |         |        |       |         |
|            |  |  |         |          |      |        |       |       |      |         |        | - 120 |         |
|            |  |  |         |          |      |        |       |       |      |         |        |       | . 31 0  |
| Sir,       | Tenlyst, of talental talks                         |  |         |          |      |        |       |       |      |         |        |       |         |
| 1.* I S    | ri / Smt   |  |         |          |      |        | Re    | gn.   | No.  |         |        |       |         |
|            |  | 0  |         |          |      |        |       |       |      |         |        |       |         |
| 2 * 1 C    | ri / Smt   |  |         |          |      |        |       |       |      | Nic     | min    | 22:01 | f I oto |
|            |  |  |         |          |      |        |       |       |      | - 6     |        |       |         |
|            |  | The state of the s |         |          | 771  |        |       |       |      |         |        |       |         |
|            |  |  |         |          |      |        |       |       |      |         |        |       |         |
|            | im for assistance under the scheme                 |  |         |          |      |        |       |       |      |         |        |       |         |
| (Rupe      | cs   |  |         |          |      |        |       |       |      | .) as ( | detai  | led b | elow.   |
| 4. My      | FUW and the Registration No. is  Bank A/C No       |  |         |          |      | 0      | f     |       |      |         |        | B     | ranch   |
|            |  |  | ık, IFS | Code     | e of | bank   | bra   | nch i | s    |         |        |       |         |
| (Copy      | of 1st page of bank pass book to b                 | e attached)  |         |          |      |        |       |       |      |         |        |       |         |
| *strik     | e out whichever is not applicable                  |  |         |          | (Si  | gnat   | ure ( | of th | e be | nefici  | ary /  | 'Nor  | ninee   |
| SI.<br>No. | I  | Benefit Type   |         |          |      |        |       |       |      | Am      | ount   | in F  | ls.     |
| 1.         | Claim for benefit under                            | der Provident Fund (see clause 8.1.3 & clas  |         |          |      |        |       |       | 28.1 | .8)     |        |       |         |
| a          | Name of the beneficiary:                           | THE SALE OF  |         |          | j, s |        |       |       |      |         | Tay or |       | DEN YE  |
| b          | Registration No. Under erstwhile SASPFUW, if any : |  |         |          |      |        |       |       |      |         |        |       |         |
| С          | Type of claim* : Premature Closure<br>Payment      | e / Fina!  |         |          |      |        |       |       |      |         |        |       |         |
| d          | Relationship with deceased benefic                 | ciary*:  | inchie. | th house | SE J |        | 1209  |       | 1    |         |        |       |         |
| е          | Date of death:                                     |  |         | ewes nik |      | -      |       | 100   |      | G (a)   | - Line |       | - Park  |
| Doc        | ument to be submitted: In case of fir              | nal payment th   | ne pass | book     | unde | er ers | stwhi | le S  | ASP  | FUW     | / SS   | Y     | x mg M  |
| to b       | e submitted in original.                           |  |         |          |      |        |       |       |      |         |        |       |         |

| 2                | Health &   | Family We                      | lfare  | (see c   | lause    | 8.2.   | 3)          |                 | O'ANTE       | 1,000           |  |          |       |
|------------------|--|--------------------------------|--------|--|----------|--------|-------------|-----------------|--------------|-----------------|--|----------|-------|
| а                | For Ailments covered under WBHS-2008 requiring hospitalisation or outdoor treatment/   |                                |        |  |          |        |             |                 |              |                 |  |          |       |
| b                | Any kind of surgery (strike out whichever is not applicable)   |                                |        |  |          |        |             |                 |              |                 |  |          |       |
| to               | rtified that I have not availed the benefi<br>be enclosed: a) Discharge Certificate fro<br>ucher/s for claim/s regarding (i) & (ii) a  | om Govt. Ho                    | other  | Scher<br>ds or e   | ne of    | the    | Gov<br>d ho | ernn            | nent.        | [Doc            | umen<br>ginal  | its      |       |
| 3                | Death  | & Disabili                     | y (se  | e claus  | e 8.3    | 3.3)   |             |                 |              |                 |  |          |       |
|                  | i) Nature of Death : Natural / Acciden   |                                |        |  |          |        |             |                 |              |                 |  |          | - 418 |
| a                | (Give details including place of death   | if accident                    | D      |  |          |        |             |                 |              |                 |  |          |       |
| Ь                | ii) Date of Death:   |                                |        | ASSES TO   | THE SALE |        |             |                 | -            |                 |  |          | -     |
| 0                | iii) Details / Nature of Disability  |                                |        |  |          |        |             | -               |              | -               | - 1  |          | _     |
| D                |  | 1: '6                          | 0 11   |  | 2 1      | C.1    |             |                 | _            |                 |  |          | _     |
| dea              | ocuments to be enclosed: Copy of Passb<br>ath. Attested Copies of Death Certificate<br>sability: Certificate from the competent  | e, PM Repor                    | t & F  | olice l  | Repo     | rt fo  | Ac          | ider            | ntal I       | Death           |  |          |       |
| 1                |  | tion Benef                     | -      |  |          |        |             | - And all local |              |                 |  |          | -     |
| a                | Name of the student:   |                                |        |  |          | -/     | VIVS        |                 |              |                 |  |          |       |
| )                | Relationship with the applicant:   |                                |        |  | -        |        |             |                 | -            | 50.5            |  |          | 25    |
| ;                | Name of the Last Examination Passed  | & Van                          |        |  | +        |        | -           |                 |              |                 | en en  |          | _     |
| 1                | \Presently Reading in :  | ox rear.                       |        |  | -        |        |             |                 | -            | -               |  |          | _     |
|                  |  | <del></del>                    | -      | - 1  | -        |        |             |                 |              |                 |  |          | 2     |
|                  | Name & Address of the Institution who  | iere studying                  | g pres | ently  | -        |        |             |                 |              |                 |  |          | _     |
| -                |  |                                |        |  | -        |        |             |                 |              |                 |  |          |       |
| 2                | Amount Claimed :<br>rtified that my son / daughter is not ava  |                                |        |  |          |        | 120         |                 |              | 186             | THE STATE OF THE S |          |       |
| ava<br>wit<br>Ca | cuments to be enclosed*: Certificate from alling / has not availed any scholarship for the said course in the institution, copyrd.  rtificate regarding non-marriage[pl. See | for the above<br>y of the depo | sit sl | tioned   | cou      | rse a  | nd is       | pre             | sentl        | v con           | tinuii   | ng<br>Y  |       |
|                  | The statements made herein above are   |                                |        | to the   | best     | of m   | y kn        | owle            | edge         | and b           | oelief.  | <u>-</u> |       |
|                  | -  | i i                            |        |  |          |        |             |                 |              |                 |  |          | 11    |
|                  | Date:  |                                | 4.1    | 7  |          |        | 1           |                 | 1            |                 |  |          |       |
| _                | Place:   |                                |        |  | (Sig     | natu   | re of       | the             | bene         | eficia          | ry / N   | lomi e   | 3)    |
|                  | (if the appli  | CERTI Cation is supp           |        |  | ne no    | min    | 20)         |                 |              |                 |  |          |       |
| l kı             | now the applicant Sri / Smt  |                                |        |  |          |        |             | lae             | and I        | nelief          |  |          | \n    |
|                  |  |                                | -      |  |          | ,,     |             | -60             | and t        | Jenel.          |  |          | -11   |
|                  |  |                                |        | G.   |          |        |             | 90              |              |                 |  | *        |       |
|                  | Com  | Mer.<br>missioner /            | per o  | Signa<br>f Panc<br>cillor o  | haye     | t Sar  | nity        | / Zil           | lapa<br>⁄uni | rishac<br>cipal | l<br>Corp  | oration  |       |
| str              | ike out whichever is not applicable  |                                |        |  |          |        | -           |                 |              | 7               |  | to T     | -     |
|                  |  | RECI                           | EIPT   |  |          | •••••• | *****       | *****           | ••••••       |                 |  | •••••    | ••••  |
|                  | im Application No.   |                                |        | П  | I        | П      | Ţ           | Ι               |              |                 |  |          |       |
| SS               | application is received from Sri / Smt<br>Y Registration No  |                                |        |  |          |        |             | for             | <br>clain    | <br>a of b      | enefi  | t uncer  |       |
| Sar              | najik Suraksha Yojana amounting of Rs  |                                |        | The state of the s |          |        |             |                 |              | . 01 0          | J.ICII   | · min of |       |