**Claim form - Regional Welfare Scheme**

Name :

SAP No:

Designation :

Date of TMU/ Grounding:

Region : NR SR ER WR

Note - All relevant documents should be uploaded for speedy process of claim

1. In case of TMU – CA35 or Company Doctor Certificate or treating Doctor authorized by Company
2. In case of grounding due incident/ accident/ administrative action – Relevant Correspondence from Flight Safety/ DGCA/ Management