

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, Opp to Sanathan Dharma Mandir,
Ramesh Nagar, New Delhi - 110 015.**

Dear Comrade,

We are sorry to inform you that comrade _____
JTO/SDE/DE who was a bonafide member of our association, died
on _____. Therefore, we hereby place the claim of
Rs.1,00,000.00 (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 upto
which month/year and for how many
members : _____
7. Name(s) and address(es) of the
nominee(s) (In block letters) : _____
(DD/Cheque shall be issued in his/
her/their names)

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 the refund of the said amount in full to SNEA(I), CHQ.

(Sig. & address of the Branch Secy.)

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

(Sig. & address of the Circle Secy.)