

APPLICATION FORMAT

Part.I

From

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Affix
Photo here
duly attested

Phone No.

To

The Chair Person / Social Security Scheme &
Divisional Personnel Officer,
S.Rly, Tiruchchirappalli -620 001.

Sir,

Sub: Disbursement of Amount under Social Security Scheme – Reg.

My Husband / Wife / Shri/Smt Staff No.....
PF.No..... Designation Station..... Office.....
Was a member in the Social Security Scheme. He/She expired on
I am the legally wedded Wife/Husband of late..... and I am eligible
For the benefit under the Scheme.

Hence, I request that the amount due to me on the above scheme may kindly
be paid to me early.

Thanking you,

Yours faithfully,

Place:

Date:

Part.II

CERTIFICATE OF THE SUPERVISORY OFFICIAL

Shri/Smt..... was employed as at.....
Under me. He/She expired on As per the Family Composition
Register maintained in this office, Shri/Smt is the Wife/Husband
of late..... An extract of Family Composition Certificate is furnished
below.

Family Composition Certificate of the Employee:

Office Seal

Signature of the Supervisory Official
Designation/Depot/Station

Note: If space is insufficient, FCC may be enclosed in a separate sheet.

Part.III

CERTIFICATE OF THE SECTION STAFF & WELFARE INSPECTOR

I have verified the records and also conducted the formal enquiry and certify that Shri..... is the member and due recovery has been made from his salary for the Social Security Scheme and also came to understand that Shri/Smt..... is the Wife/Husband of Late..... Ex.....(Designation).....(Stn) and nominated as the beneficiary in the Social Security Scheme and is eligible for the benefits under this Scheme.

Section Staff & Welfare Inspector

STAMPED RECEIPT

Received a sum of Rs. 75,000/- (Rupees Seventy five thousand only) from the Chair Person, Social Security Scheme & DFO/TPJ through Cheque Number..... Dated..... on Syndicate bank, Golden Rock branch towards the benefit under Social Security Scheme in favour of Late Shri/Smt.....

Place:

Signature/LTI of

Date:

Name:

Postal Address: