

**T.S.R.T.C STAFF BENEVOLENT – CUM –THIRFT FUND, HYDERABAD
CLAIM – CUM –SETTLEMENT FORM**

Case No. SBT _____

Date: _____

(Superannuation, Removal, Resignation, Voluntary Retirement & Medical Retirement)

Employee Mobile No

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(Mandatory) *

To

**The Secretary,
TSRTC SBT FUND,
HYDERABAD.**

Sir,

I, submit my claim for payment of the amount standing in the books of the TSRTC SBT Fund at my credit as on the date of Retirement on

Advance Receipt duly affixing revenue stamp is enclosed.

The amount may be credited to my savings Bank Account:

- (1) Account No :
(2) Bank Name :
(3) Branch Name :
(4) Mobile No :

RESIDENTIAL ADDRESS:**SIGNATURE & DATE**

NAME :

ST.NO :

DESG :

UNIT :

(FOR OFFICE USE AT UNIT)

Case No.

Date:.....

1. Name of Member/ Staff No. :
2. Designation & Unit :
3. Date of Birth :
4. Date of Appointment :
5. Date of Enrolment :
6. Date of Ceasing Membership :
7. Reasons for settlement :

8. Last SBT Fund Subscription was recovered through salary Bill for the month of:

Certified that the particulars furnished above are verified with records and found to be correct.

THE SETTLEMENT AMOUNT ON SBT FUND Account is payable to Sri.....

Enclosures: (duly attested by Unit officer)

- (1) Option- cum- nomination form in original.
(2) Advance Stamped Receipt
(3) Office Order/Notice
(4) Xerox Copy of Title Bank pass book.
(5) Removal & reinstatement order copies.

**SIGNATURE OF THE UNIT OFFICER
WITH OFFICIAL SEAL & DATE**

T.S.R.T.C. STAFF BENEVOLENT-CUM-THRIFT FUND::HYDERABAD

ADVANCE RECEIPT

Received sum of Rs. _____ (in words) _____ vide Cheque
 No. _____ dated _____ towards payment of total
 subscription and interest accrued thereon and Death Ex-gratia to the credit only
 _____ late Sri/Smt _____ E. _____
 Design _____ Unit _____ who expired on _____ and the
 Ex-gratia payable to the nominee/ rightful legal heir, in final settlement of the SBT Fund Account.

Affix Revenue
 Stamp here

Signature of Witness & Date

NAME
 STAFF No.
 Design
 Unit
 Mobile No

Signature of Payee & Date

NAME
 STAFF No.
 Design
 Unit
 Mobile No

The above persons have signed in my presence

SIGNATURE OF THE UNIT OFFICER
 WITH SEAL & DATE

TRANSFER PARTICULARS:

FROM DATE	TO DATE	UNIT NAME	REMOVAL/REINSTATE PARTICULARS
1.			
2.			
3.			
4.			
