

T.S.R.T.C. STAFF BENEVOLENT – CUM – THIRFT FUND, HYDERABAD

Claim – Cum – Settlement Form for Death Benefits

Affix latest Photo

To
The Secretary,
TSRTC SBT FUND
HYDERABAD.

SBT Case No. _____
Employee Mobile No _____
(Mandatory)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Sir,

I _____ submit my claim for payment of the amount standing in the books of the TSRTC SBT Fund at credit of my _____ Sri _____ Staff no: _____
Design : _____ Unit : _____ who expired due to **Accident, Suicide or Natural** (should be marked compulsory) on _____ and the Ex-gratia payable under the Fund to the nominee/rightful legal heir, declared by the deceased/ competent Civil Court:

Advance Receipt duly affixing revenue stamps is enclosed. The amount may be credited to my saving **Bank A/c** no. _____ Name of the Bank _____ Branch _____.

Signature of Witness:

Sign: _____
Name: _____
Staff no: _____ Design: _____
Unit: _____

Signature of applicant and Date:

Name: _____
Address: _____
Pin No: _____

FOR OFFICE USE ONLY AT UNIT / DEPOT

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

Case no: _____ Date: _____
Employee Name: _____ Staff No: _____ Design: _____
Date of Birth: _____ Date of Regularization: _____ Date of Death: _____

Compulsory Enclosures duly forwarded by the unit officer:

1. Death Notification.
2. Original Nomination Executed by the above deceased employee only.
3. Original Death Certificate duly forwarded by the Unit Officer.
4. Bank Account No proof (Nominee Name should be tallied when compared to Nomination enclosed).
5. Xerox copies of other Nomination like PF, SRBS, EDLIF etc duly forwarded by Unit Officer.
6. Xerox copy of pay slip of above deceased employee for the month _____ duly forwarded by Unit Officer.

SIGNATURE OF UNIT OFFICER

(Name of the Unit Officer)

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.			
