## T.S.R.T.C STAFF RETIREMENT BENEFIT SCHEME, HYDERABAD ${\bf Claim-cum-Settlement\ Form}$

Case No:		IN CASE OF DEATH OF MEMBER WHILE IN SERVICE		
	ecretary, C SRBS,	Employee Mobile No (Mandatory) *		
ŕ		Through Unit Manager //		
Sir,				
E	oks of TSRTC SRBS at the	bmit my claim for payment of the amount outstanding in credit of mylate Sri/Smt		
(i) No	minee declared by the decea ghtful Legal Heir declared b	ased:		
	Advance Receipt duly affi	xing revenue stamp is enclosed:		
	<del>-</del>	ed to my Saving Bank A/c at Bank and place)/ paid to me through A/c Payee Cheque.		
Name Staff N	ture :	Signature of the applicant &Date Name: Residential Address Name: C/o,S/o,: H.No		
=====	 []	FOR OFFICE USE AT UNIT)		
1. 2. 3. 4. 5. 6. 7. 8. 9.	No:	Date:		
	Was recovered through the Salary bill for the month of	:		

10. Nomination particulars as recorded in the nomination forms are furnished below:

\_\_\_\_\_

Scheme	Name of Nominee	Relation	Age	Date of decln
(a) P.F 1				
(4) 111 1	2.			
	3.			
(b) Gratuity	1.			
	2.			
	3.			
(c) F P S	1.			
	2.			
	3.			
(d) S B T	1.			
	2.			
	3.			

Certified that the particulars furnished above are verified with records and found to be correct. The Nomination cum – Authorisation form in original is enclosed.

Encl: 1. Death Notification

- 2. Advance Receipt
- 3. Death Certificate

Either original/

Xerox copy attested

By unit officer

4. Family declaration

Made by the deceased

5. Declaration order of Court

In case if the claimant is

Declared as rightful legal

Heir of the deceesed

6. Nomination –cum- Authorisation

For (SRBS-1)

7. Xerox copy of the Bank Pass

Book 1st page.

NOTE: Photostat copies of items 2 to 4 above should be attested by Unit Manager.

SIGNATURE OF THE UNIT OFFICER WITH OFFICE SEAL AND DATE