Form V (See clause 11(2) of SSY (R&R), 2017)

CLAIM FORM FOR ASSISTANCE UNDER SAMAJIK SURAKSHA YOJANA, 2017

Claim Application No. SSY/ The Registering Authority, Samajik Suraksha Yojana. Sir, 1. I, Sri / Smt. Regn. No. 2. Sri / Smt. Nominee of Late residing at do hereby submit engeged in ____ my claim for assistance under the scheme for Rs.) as detailed below. (Rupees (Strike out whichever is not applicable) is/was also registered under WBBOCWW Scheme / WBTWSSS / erstwhile SASPFUW and the Registration No. is__ My Bank A/C No _ of Branch Bank. IFS Code of bank Branch is (copy of 1st page of bank pass to be attached)

* Strike out whichever is not applicable

SSY to be submitted in original.

(Signature of the beneficiary / Nominee)

SI. No	Benefit t	ype	Amount in Rs.
1.	Claim for benefit under Provide	nt Fund (See clause 8.1.3 &	clause 8.1.8)
а	Name of the beneficiary:		
b	Registration No, under erstwhile SASPFUW. if any:		
С	Type of claim*: Premature Closure / Final Payment.		
d	Relationship with deceased beneficiary:		The state of the s
е	Date of death:		

2	Health & Fan	nily Welfare (See clause 8.2.3)	
а	For Ailments covered under WBHS- 2008 requiring hospitalisation or outdoor treatment/	ii) Cost of Medicine iii) Cost of hospitalization	
b	Any kind of surgery (strike out whichever is not applicable)	iv) Payment for loss of employment of the beneficiary (No. of Days hospitalised to)	

Certified that I have not availed this benefit under any other Scheme of the government. [Documents to be enclosed: a) Discharge Certificate from Govt. Hospitals or empanelled hospitals: b) Original voucher/s for claim/s regarding (i) & (ii) above]

3	Death & Disability (See clause	8.3.3)	
а	i) Nature of Death: Natural / Accidental (Give details including place of death if accidental)		
b	ii) Date of Death:		
С	iii) Details / Nature of Disability	The same of the same of the same	
de	Documents to be enclosed : Copy of Passbook, if any & Ide eath. Attested Copies of Death Certificate, PM Report & isability: Certificate from the competent authority, Attested co	Police Report for	Accidental Death
4	Education Benefit (See clause.	8.4.3)	
а	Name of the student:		
b	Relationship with the application:		
С	Name of the last Examination Passed & Year:		
d	Presently Reading in:		
e .	Name & Address of the Institution where studying presently:		
f	Date of admission:		
g	Amount Claimed:	381	The state of the s
Cer	tified that my son / daughter is not availing / has not availed a	inv scholarship for the	above mentioned
	tificate regarding non - marriage [pl. see clause 8.4.3 (e)] The statement made herein above are true and correct to	o the best of my know	wledge and belief.
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