



Illuminating lives....

BIHAR STATE POWER TRANSMISSION Co. Ltd., Patna

FORM NO. - 7 - A

GROUP SAVING SCHEME FOR BIHAR STATE POWER TRANSMISSION CO. LTD. CLAIM FOR PAYMENT IN RESPECT OF OTHER THAN DECEASED EMPLOYEE

1. a) Full Name of the employee :
- b) Department and designation of the employee
- c) Address of office where the employee served last
- d) Permanent address of the employee
- e) Date of entry in the service of the Board by the employee
- f) Date of entry as member of Scheme :
2. Date of retirement / resignation / removal from service
3. Pay of the employee with break up of basic pay, allowances etc. at the time of retirement / resignation / removal from service
4. Cheque to be drawn in favour of

It is certified that the above employee was covered under the Group Savings Scheme for the employees of the Bihar State Power transmission Co. Ltd. as on the date of retirement / resignation / removal from service. We hereby declare that the answer to the above questions are true in every respects. It is also confirmed that subscription @ Rs. has been deducted without any interruption from to and the name of the employee figures at Sl. No. of the registered members. The total amount of subscription recovered from the employee amounts to Rs.

Office Seal

Signature