

SANCHAR NIGAM EXECUTIVES' ASSOCIATION.

To,

General Secretary, Sanchar Nigam Executives' Association B-11/1& 2, Double Strorey, Ramesh Nagar, New Delhi-110015

Sub: Welfare Claime of SNEA member late Shri/Smt.....

Dear Comrade,

With heavy heart it is to inform you that Shri.
Desgn......who was a bonafide member of our Association, passed away on.....
I, Shri.
DS SNEA
District, hereby place the claim of Rs.1, 00000 (Rupees One Lakh Only) to be paid to the nominee of deceased member under the SNEA Welfare Scheme. His/Her details aong with details of Nomiee are attached as Annexure-I

Comradesly yours,

District Secretary

Signature: Place & Date: Name: District: Address:

Counter Signed by

Circle Secretary

Signature: Place & Date: Name: Circle: Address:

Sub: Details information about Welfare Claime of SNEA member late Shri/Smt

Sr	Particulars	Details
A	Details of Deceased Member	
1.	Name	
2.	Office Designation	
3.	Date on which death occurred	
4,	Working District Branch & Circle	
5.	The last Month of deduction of SNEA membership from salary	
6,	Aadhaar card Number	
7.	PAN Number	
В	Details of Nominee	
1.	Name (in Block Latters)	
2.	Relation with Decesed Member	
3.	Address:	
4.	Bank Acccount Number	
5.	Name of Bank	
6.	Branch & IFSC Code	
7.	Signature with date	
C.	Documents Attached	Check List (Xerox Copies attached)
1.	Death Certificate of late Comrade	
2.	BSNL Indentity Card of Deceased	
3.	Aadhar Card of Deceased	
4.	Last salary Certoificate showing deduction of SNEA Membership	
5.	Aadhar Card of Nominee	
6.	PAN Card of Nominee	
7.	Crossed Cheque of Nominee	
8.	Document establishing relatinship of deased and nominee	

We hereby certify that the pariculars mentioned above are true and correct. Incase, any mistake is found in the later date, we shall take the full responsibility for the refund of the said amount in full to SNEA, CHQ.

With warm regards,

Signature

Name

Date & Place Desgn

District Secretary

Circle Secretary