



8.3 JPT Form – III (Claim Form)

1. Name beneficiary /beneficiaries.....
2. CID Number.....
3. Death certificate.....
4. Census Record (Latest).....
5. Name of Deceased.....
6. Documents enclosed: 8.1 & 8.2.....

I hereby declare that all the information provided above is true and accurate. If found false, the management committee has right to revoke.

Signature: Name of the Applicant:

Verified by:

Date:(DD/MM/YY)

(SECRETARY)
Date:(DD/MM/YY)

Approved by:

(CHAIRMAN)
Date:(DD/MM/YY)