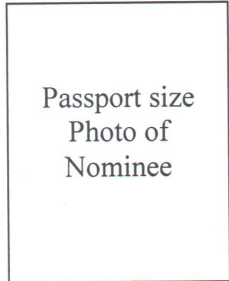


Form No. 3
Assam Agricultural University Employees Co-operative Social Security Fund
Limited:: AAU, Jorhat.

(Typed copy of this form will not be entertained)

To,
The Chief Executive Officer,
AAUECSS Fund,
AAU, Jorhat-13.



Through:

The _____

Sub: Application for payment of Ex-gratia grant of Late _____
_____ against AAUECSSF Account No _____.

Sir,

I have the honour to inform you that my _____
Late _____ working in the capacity of
_____ at _____ AAU, expired on _____

(Attested copy of death certificate be enclosed).

That sir, I Sri/ Smti _____ is the legal nominee
of Late _____ and request you kindly to pay the ex-gratia grant at
an early date.

Yours faithfully

Signed in my presence
Signature attested.

Signature

Name of the nominee in Block letter

Head of Office

Address

Memo No..... Dtd.....

Forwarded to the C.E.O., AAUECSSF Ltd, AAU, Jorhat-13.

Head of Office

**Assam Agricultural University Employees Co-op. Social Security Fund Limited
Jorhat-13.**

Application form for Ex-gratia payment under AAUECSSF:: AAU::Jorhat-13

(To be submitted by the applicant through the Head of Office)

1. Name of the deceased employee:
2. Designation of post held last:
3. Name of the Office/Deptt.working last:
4. Date of Death (To be supported by evidence :
certificate from Govt. Registration Office)
5. ECSSF Account No:
6. Details of family members:

Name	Age	Relationship with the deceased employee
(a)		
(b)		
(c)		
(d)		

7. Bank details
 - a. Name of the Bank & Branch:
 - b. Saving Bank A/c. No.:
8. Home address:
9. Present address:

I, do hereby declare that the particulars given above are true to the best of my knowledge & belief and in case of any false information, I shall be liable for punishment as governed by Rule.

Rs. 1.00
Revenue stamp

Signature
(To be pre-receipted)

Full signature of the nominee

Date _____

Mobile Number.....

(To be filled in and submitted to the Secretary by the Head of Office/DDO)

Memo No.....

Date.....

Certified that the monthly subscription of Rs. for the month of towards the AAUECSS Fund was deducted from the last pay bill (from the pay bill for the month of) of the incumbent as stated above.

(2) Any other remarks/recommendation:
by the Head of Office

Seal & Signature of the
Head of Office

Date _____

For office use by AAUECSSF Ltd. only

1. Application received on _____

2. Verified with ledger accumulated Ex-gratia
comes to Rs. _____

3. Put up for approval on _____

Office Asstt.

C.E.O.

Chairman

Paid vide A/c payee cheque no.....Dated.....

Amount.....(Rupees.....) only payable to
.....on death.

C.E.O.
AAUECSSF Ltd.
AAU, Jorhat-13.