ANNEXURE – V

KERALA STATE CO-OPERATIVE EMPLOYEES WELFARE BOARD

APPLICATION FOR FINANCIAL ASSISTANCE TO THE FAMILY OF DECEASED EMPLOYEE

1. a) Full name and address of the applicant in block letters (Nominee/Legal Heir of the Employee) :

   b) Phone/ Mobile No. of the applicant :

2. Name of the deceased Employee :

3. Code Number of the Employee :

4. a) Name and Address of the Institution in which the employee was in service at the time of death :

   b) Phone/ Mobile No. of the institution :

5. Date of birth and age of the employee :

6. Date of death :

7. Date of entry in Service of the Institution :

8. Date of option to come over to the scheme :

9. Total amount of Contribution remitted till the time of death (Employee Contribution+Society Contribution) :

10 Amount claimed :

Place:
Date: Signature of the Applicant

I certify that to the best of my knowledge and belief, the particulars given above are correct and also certify that the amount claimed is admissible as per rules approved in Government Order.

Place: (Name & Signature) (Name & Signature)
Date: President of the Institution Chief Executive of the Institution

(Office seal)

Countersigned :-
Head of Department /District/Taluk level officer of the concerned administrative department of government.

(Office seal)

Place: Signature:
Date: (Name and Designation)