



# North Bihar Power Distribution Co. Ltd.

FORM NO. - 7 - A

## GROUP SAVING SCHEME FOR NORTH BIHAR POWER DISTRIBUTION COMPANY LIMITED 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 North Bihar Power Distribution 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**

