

Form V

(See clause 11(2) of SSY (R&R), 2017)

CLAIM FORM FOR ASSISTANCE UNDER SAMAJIK SURAKSHA YOJANA, 2017

Claim Application No. SSY /

To
The Registering Authority,
Samajik Suraksha Yojana,

Sir,

1.* I, Sri / Smt. _____ Regn. No _____

Or

2.* I Sri / Smt. _____ Nominee of Late
_____ Regn. No _____ residing at
_____ engaged in _____ do hereby submit
my claim for assistance under the scheme for Rs. _____
(Rupees _____) as detailed below.

3.* I am / Late _____ (strike out whichever is not applicable) is / was also registered under WBOCWW Scheme / WBTWSSS / erstwhile SASPFUW and the Registration No. is _____

4. My Bank A/C No..... of.....Branch,
.....Bank. IFS Code of bank branch is
(copy of 1st page of bank pass book to be attached)

*strike out whichever is not applicable

(Signature of the beneficiary/ Nominee)

Sl. No.	Benefit type	Amount in Rs.
1.	Claim for benefit under Provident Fund (see clause 8.1.3 & clause 8.1.8)	
a	Name of the beneficiary:	
b	Registration No. under erstwhile SASPFUW, if any :	
c	Type of claim*: Premature Closure / Final Payment	
d	Relationship with deceased beneficiary*:	
e	Date of death:	
Document to be submitted: In case of final payment the passbook under erstwhile SASPFUW/ SSY to be submitted in original.		

2	Health & Family Welfare (see clause 8.2.3)	
a	For Ailments covered under WBHS-2008 requiring hospitalisation or outdoor treatment /	i) Cost of clinical test ii) Cost of Medicine iii) Cost of hospitalization iv) Payment for loss of employment of the beneficiary (No. of Days hospitalised _____ From _____ to _____)
b	Any kind of surgery (strike out whichever is not applicable)	
Certified that I have not availed this benefit under any other Scheme of the Government. [Documents to be enclosed: a) Discharge Certificate from Govt. Hospitals or empanelled hospitals; b) Original voucher/s for claim/s regarding (i) & ii) above]		
3	Death & Disability (see clause 8.3.3)	
a	i) Nature of Death: Natural/ Accidental (Give details including place of death if accidental)	
b	ii) Date of Death:	
c	iii) Details/ Nature of Disability	
(Documents to be enclosed: Copy of Passbook, if any & Identity Card of the beneficiary in case of death. Attested Copies of Death Certificate, PM Report & Police Report for Accidental Death, Disability: Certificate from the competent authority , Attested copy of Passbook, if any & Identity Card)		
4	Education Benefit (see clause 8.4.3)	
a	Name of the student:	
b	Relationship with the applicant:	
c	Name of the Last Examination Passed & year:	
d	Presently Reading in:	
e	Name & Address of the Institution where studying presently:	
f	Date of admission:	
g	Amount Claimed:	
Certified that my son/ daughter is not availing/ has not availed any scholarship for the above mentioned course from any other source. Documents to be enclosed*: Certificate from the Head of the Institution that the student is not availing/ has not availed any scholarship for the above mentioned course from any other source of the Government and is presently continuing with the said course in the institution, copy of the deposit slip of fees regarding admission/ Identity Card. Certificate regarding non-marriage to be given by anyone of the authority mentioned herein: MP / MLA / Sabhadhipati of ZillaParishad / Sabhadhipati of Siliguri Mahakuma Parishad / Mayor of Municipal Corporation / Chairman of Borough Committee / Sabhapati or Member of Panchayat Samity, Pradhan of Gram Panchayat, Chairman / Vice – Chairman / Councillor / Commissioner of Municipality or Corporation Area, Chairman/Administrator of GTA or his nominated person.		
The statements made herein above are true and correct to the best of my knowledge and belief. Date: Place: _____ (Signature of the beneficiary/ Nominee)		
CERTIFICATE (if the application is submitted by the nominee)		
I know the applicant Sri/ Smt. _____ and hereby certify that the statements made by him/her are true to the best of my knowledge and belief.		
_____ Signature with Seal of Local Authority mentioned under clause 8.4.3 (1)(e)		

*strike out whichever is not applicable

RECEIPT

Claim Application No.

An application is received from Sri/ Smt. _____
SSY Registration No. _____ for claim of benefit under
Samajik Suraksha Yojana amounting to Rs.....towards.....
.....

Date: _____

(Signature & seal of the receiving official)