

FORM OF THE APPLICATION FOR CLAIMING UNPAID WAGES/ARREARS AND
MISC.BILLS.

1. Name of the Applicant :
2. Designation :
3. Rate of pay and scale :
4. P F A/C No. :
5. Dept. Office in which working :
6. Nature of unpaid claim wages/
Arrears / Sett. dues etc. and
Periods. :
- 7 Unpaid list No. and date :

In the event of the information furnished being false, I am liable
For disciplinary action.

Date:

Signature of the Applicant.

LTI/Signature of the applicant is
Hereby attested.

Signature of the immediate
Supervisor with Name and
Designation.

Forwarded to :

For verification and arranging payment of Rs.
in presence of

This has ref. to the unpaid list No.

Dt. For Rs. Hence P.O No.

Dt. For Rs. Is passed for payment.

Signature of the bill drawing Officer

Dt.
