

APPLICATION FOR SEMSO CLAIM (PDSWS form no. 2)

1 Name of PDSWS Member/ beneficiary:

2. Occupation :

3. PDSWS Membership No :

4. SEMSO availed for (tick the relevant one): *Death of member/direct dependent*

Name: CID No.....

Legal stamp

Dated signature of applicant

Verification by Administrative Officer/Sector Head and DCRC

I hereby declare that information provided by the applicant is true to the best of my knowledge.

Name, designation & signature

Name, designation & signature

Approved/ not approved

Signature of the CHAIRMAN