

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.

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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.

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