

K.F.C. VOL. I Act 56

Name of Claimant

Nature of Claim

Details of claim

a) Period

b) Rate per month

c) Amount

**Reason for delay in settlement
(the time taken at various levels
should be indicated)**

**Efforts made by the claimant
to get the settlement of the :
claim expedited and with what results.**

**Whether the non-payment of
the Claim will effect pension**

**Whether claim was referred to the
Audit Officer concerned for
investigation and if so with what
result**

**Details of records, orders and for other
corroborative evidence on the basis of
which the claim ; is considered to be
indisputable due**

Supdt Bills

SupdtAudit

DIST. TRANSPORT OFFICER

DECLARATION

This is to certify that the effect of the claim has been checked and verified with reference to the corroborative records available in this Office and that the same has not been drawn and paid previously

Place

Date

DIST. TRANSPORT OFFICER.