

NB: No Claim will be considered unless the check list above is enclosed.

SECTION III (For Official Use)

Mr./Miss/Mrs..... is a bona fide Retired / Active
seaman holder of Discharge Book MAU

Signature.....
(Welfare Liaison Officer)

Date:.....

Remarks of Claims Committee (if any)

.....
.....

Entitled balance for year: Rs.....

Recommended amount (Rs):

Prepared by:

Date:

Decision:

| | |
|----------|--------------|
| Approved | Not approved |
|----------|--------------|

Approved amount in
words.....

Signature
Chairman Member Member Member Member

Date: