



BIRLA INSTITUTE OF TECHNOLOGY

A Deemed University u/s 3 of UGC Act, 1956

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DEATH CLAIM FORM

Dated :- _____

I _____ W/O, D/O, S/O _____, nominee of _____ (Employee name) that my _____ (relationship) has expired on _____ (date of death DD/MM/YYYY) at _____ due to _____ (reason of death) Request is made to clear all admissible death claims.

Yours faithfully

Copy Enclosure: -

- | | |
|---------------------------------|--------------------------|
| 01. Death Certificate | <input type="checkbox"/> |
| 02. Aadhar Card | <input type="checkbox"/> |
| 03. Pan Card | <input type="checkbox"/> |
| 04. Bank Details | <input type="checkbox"/> |
| 05. Marriage Certificate | <input type="checkbox"/> |
| 06. Family Relation Certificate | <input type="checkbox"/> |

FOR OFFICE USE ONLY

Case No. _____ Date _____

Details of Deceased: -

Name: - _____ Emp. Code:- _____ Department/ Section: - _____

Date of Joining: - _____ Date of Death: - _____ Leave Balance for encashment: - _____ (to be field by leave section).

Nominee Details (as per records) _____

Dealing Assistant

AO (E&HR) / AR (GO)

DR (Estb. &HR)

Forwarded to concerned

Check list

01. **NO DUES CLEARANCE** :- (Yes/No) Copy Enclosed _____
02. **LEAVE ENCASHMENT**:- Completed/Not Completed or reason for pending _____
03. **GROUP SAVING LINKED INSURANCE SCHEME**: - Completed/Not Completed or reason for pending _____
04. **EMPLOYEE GROUP INSURANCE**: - Completed/Not Completed reason for pending _____
05. **PROVIDENT FUND** :- Completed/Not Completed or reason for pending _____
06. **GRATUATY**: - Completed/Not Completed or reason for pending _____
07. **PENSION**: - Completed/Not Completed or reason for pending _____

DEATH CLAIM RECEIPT

Case No. _____ Deseaced Person _____ Received on _____

Dealing Assistant Signature _____