

**F O R M - 'B'**

**APPLICATION FOR THE RELIEF UNDER THE CENTRAL COALFIELDS  
EMPLOYEES FUND SOCIETY IN THE EVENT OF  
EMPLOYEE'S/MEMBER' DEATH**

1. Full Name of the deceased employee :
2. Designation :
3. Membership No. :
4. Whether Permanet of temporary :
5. Full Name of the Applicant/dependent :
6. Address :
7. Permament Address :
8. Applicant's reaionship with the deceased :
9. Date of death :
10. Nature of death :
11. Details of dependent as per Form 'B' of the deceased Employee :

**Signature of the Applicant**

**Date.....**

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**Date of receipt.....**

**Recommended and forwarded for consideration.**

**Signature of the Controlling Officer**

**Date.....**

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**Date of receipt .....**

**Approved for payment**

**Chairman / Secretary / Treasurer  
Area Employee's Benevolent Fund Society**

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**Note : Certified of Medical Officer of the Company of the Medical Officer of the CMWO to be attached**

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