

CENTRAL COALFIELDS LIMITED

Format LPG - I

Unit/Area

**CLAIM FOR REIMBURSEMENT OF ONE LIQUIFIED PETROLEUM GAS (LPG) CYLINDER AS PER CLAUSE 8.3.2 OF I.I.NO. 7 OF NCWA VIII.**

- 1. Name of the employee :
- 2. Designation :
- 3. Place of posting :
- 4. Bank Account No. :
- 5. PIS No. :
- 6. Employee Code No. :
- 7. Consumer number of Gas connection :
- 8. Name of consumer  
As per the Gas connection Document :
- 9. Relations between the employee  
And the consumer as mentioned in point 8:
- 10. Amount of claim @ Rs.....per Cylinder (14.5 kg) per month

**CERTIFICATE**

This is to certify that I am having a LPG Gas connection bearing consumer no. .... Which is registered in my own name /in the name of my .....(relationship), name..... Whose name is also recorded in service sheet and is dependent upon me. Further, I also certify that I will get one LPG Gas Cylinder (14.5 Kg) per month from the above gas agency and none of my family member is getting re-Imbursement against the aforesaid connection. If anything is found contrary in my above declarations in future, management will be at liberty to take action against me.

Further, I shall not claim for reimbursement in the annual claim format for the expenditure which I have not incurred against which advance already been drawn.

Signature of the Employee

Date.....

Name.....

Designation.....

Recommended by

Signature and official seal of HOD of Concerned Department

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Certified that the declarations have been verified on the basis of Service Sheet of Sri.....Desg.....Department .....and the name appearing in the LPG gas connection document is mentioned in his service sheet as that of himself/his dependant family member and therefore the subject reimbursement is hereby allowed.

I/C Personnel Establishment

Project Officer/Head of Unit/HOD