



CENTRAL COALFIELDS EMPLOYEES BENEVOLENT FUND SOCIETY
Details of Payment made to the dependents of deceased member for recoupment under CCEBFS

Name of Area:

Sl.No	Name of Deceased member	Designation	Unit	Membership No.	Date of death	Date of receipt of the claim	Name of the Claimant	Cheque No.	Date	Amount

Previous Balance :-
Vide cheque No. :-
Total :-
Paid as stated above :-
Closing Balance as on :-

CERTIFICATE :
Certified that the above payments are genuine & not paid earlier.

Staff Officer (P)/ Secretary.
Area Employee's Benevolent Fund Society