



# LIFE INSURANCE CORPORATION OF INDIA

P&GS Department, II Floor, Jeevan Prakash, Divisional Office, Gandhiji Road,  
Thanjavur - 613 001. Ph.No. 04362 - 231402, 279539 E.mail\_ID : bo\_g608@licindia.com

## CLAIM FORM FOR GROUP GRATUITY CASH ACCUMULATION SCHEME

File No.

Master Policy No. : 608004371

1. Name of the Scheme :
2. Address :
3. Member's Name : P.JOYTHI
4. LIC ID No. : 10681
5. Date of Birth : 16.06.1979
6. Date of Appointment : 05.08.2005
7. Date of Exit : 31.10.2020
8. Nature of Exit (Resign./Retmnt./Death) : Resign
9. Salary as on the date of exit : 15,000/-
10. Service Rendered : 15 years 2 months
11. Break in - service : NIL
12. GRATUITY Payable (Last Drawn Salary x service x 15/26) : 1,31,538
13. Risk Sum assured (Refer Schedule)\* :
14. Total Claim amount (Column 12 or Column 12 + 13) :

EMP No. :

Retirement Age:

Gratuity Rate :

Gratuity Ceiling:

### In case of death, Please furnish the following information

1. Cause of Death :
2. Place of Death :
3. Date of last attended duties prior to death:
4. Was the member in the service of the employer on the date of death ? Yes/ No
5. Original Death Certificate / Attested Death Extract : Enclosed / Not Enclosed.

We hereby declare that the answers to all the above questions are true in every respect.

Signature of the Authorised Signatory

Date :

SECRETARY

Station :

SHRIMATI INDIRA GANDHI COLLEGE

### FORM OF DISCHARGE FOR PAYMENT OF BENEFITS IN ONE LUMP SUM UNDER MASTER POLICY No. 2.

I, one of the Trustees of \_\_\_\_\_ Acknowledge receipt from the  
Life Insurance Corporation of India of the sum of Rs. \_\_\_\_\_/- (Rupees \_\_\_\_\_)

In full Satisfaction and discharge of all my claims and demands under the Master Policy under reference towards  
surrender (Withdrawal Benefits) / Death / Maturity Claims in respect of the assurance effected on the life / lives of  
following member / s :

LIC ID No.	Name	Withdrawal / Death / Maturity Benefits
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Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20

Witness :

Signature :

Name :

Designation :

Address :

SECRETARY  
SHRIMATI INDIRA GANDHI COLLEGE  
TIRUCHIRAPPALLI - 2.



LIFE INSURANCE CORPORATION OF INDIA  
THANJAVUR (6608)  
JEEVAN PRAKASH, 2nd Floor  
GANDHIJI ROAD, THANJAVUR  
BO\_6608@LICINDIA.COM  
PH:04362231402 613 001

Ref :PHGS/U547259/608004371/774

Date:09/06/2022

SHRINATHI INDIRA GANDHI COLLEGE  
THE SECRETARY,  
SHRINATHI INDIRA GANDHI COLLEGE  
CHATRAM BUSSTAND,  
TRICHY620002  
620002

Dear Sir / Madam

Reg : WITHDRAWAL Claim under Master policy no 608004371 .

We are forwarding cheque no \_\_\_\_\_/crediting to your Bank  
acc No. 023001000136720 of CITY UNION BANK LTD.  
IFSC Code : CIUB0000023

The amounts are as per particulars listed below

LIC ID	EXP NO	LCSA	SV/Mat/Wlhd	REFUND	OTH AMT	TOTAL
Emp Name						
10681 0		0	129808.00	.00	.00	129808.00
P JOTHI						

TOTALS: LCSA :0 SV/Mat/Withd : 129808 Refnd : 0 Other : 0 Total: 129808

Yours Faithfully

  
Manager (PRGS)





हिंदी मुद्रासंस्था बैंक लिमिटेड  
CITY UNION BANK LTD.

Tinichirapalli SIGC Campus  
23, Kalliamman Koil Street,  
Tinichirapalli - 620002  
IFS Code : CIUB0000023

A/C Payee

VALID FOR THREE MONTHS ONLY

1 3 0 6 2 0 2 2

D D M M Y Y Y Y

Pay P. JOTHI

OR BEARER

या धारक को

Rupees रुपये One Lakh Twenty Nine Thousand Eight hundred and Eight Only

अदा करें ₹ 1,29,808.00

A/c. No. SB 023001000136720

For SMT INDIRA GANDHI COLLEGE A/C

Payable at all branches

  
Trustee  
Please sign above

⑈915687⑈ 620054002⑈ 136720⑈ 30

Final Settlement

Received by,

P. Jothi  
15/06/2022





# LIFE INSURANCE CORPORATION OF INDIA

P&GS Department, II Floor, Jeevan Prakash, Divisional Office, Gandhi Road,  
Thanjavur - 613 001. Ph.No. 04362 - 231402, 279539 E.mail\_ID : bo\_g608@licindia.com

## CLAIM FORM FOR GROUP GRATUITY CASH ACCUMULATION SCHEME

Master Policy No. : 60800437)

File No.

1. Name of the Scheme

: Shimeti India Gandhi collage

2. Address

:

3. Member's Name

: SUBATHRA.S

4. LIC ID No.

: 10528

5. Date of Birth

: 15-2-1962

6. Date of Appointment

: 20-8-1991

7. Date of Exit

: 31-8-2020

8. Nature of Exit (Resign./Retrmt./Death)

: Resign

9. Salary as on the date of exit

: 10,000/-

10. Service Rendered

: 20 years

11. Break in - service

: -

12. GRATUITY Payable

: 115385

(Last Drawn Salary x service x 15/26)

13. Risk Sum assured (Refer Schedule)\*

: -

14. Total Claim amount

: 115385/-

(Column 12 or Column 12 + 13)

\* For Death Case only

EMP No. :

Retirement Age:

Gratuity Rate :

Gratuity Ceiling:

### In case of death, Please furnish the following information

1. Cause of Death

:

2. Place of Death

:

3. Date of last attended duties prior to death:

4. Was the member in the service of the employer on the date of death? Yes/ No

5. Original Death Certificate / Attested Death Extract : Enclosed / Not Enclosed.

We hereby declare that the answers to all the above questions are true in every respect

Signature of the Authorized Signatory

SECRETARY

SHRIMATI INDIRA GANDHI COLLEGE

TRIUCHIRAPPALLI - 2.

Date :

Station :

### FORM OF DISCHARGE FOR PAYMENT OF BENEFITS IN ONE LUMP SUM UNDER MASTER POLICY NO. :

I, one of the Trustees of \_\_\_\_\_ Acknowledge receipt from the  
Life Insurance Corporation of India of the sum of Rs. \_\_\_\_\_ /- (Rupees \_\_\_\_\_)

In full Satisfaction and discharge of all my claims and demands under the Master Policy under reference towards  
surrender (Withdrawal Benefits) / Death / Maturity Claims in respect of the assurance effected on the life / lives of  
following member / s:

LIC ID No.

Name

Withdrawal / Death / Maturity Benefits

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20

Witness :

Signature :

Name :

Designation :

Address :



SECRETARY

SHRIMATI INDIRA GANDHI COLLEGE  
TRIUCHIRAPPALLI - 2.



SALEM,  
14.07.2022.

FROM

SUBATHRA.S,  
PLOT NO. 3T, "A" BLOCK ANNEX,  
OM SAKTHI NAGAR,  
MARAMANGALUTHUPATTI (V),  
SALEM - 636 030  
90252 74612/9944265355

TO

THE SECRETARY,  
SHRIMATHI INDIRA GANDHI COLLEGE,  
TRICHY - 2

THROUGH

THE CHIEF EXECUTIVE OFFICER  
SHRIMATHI INDIRA GANDHI COLLEGE  
TRICHY - 2

SUB: Request for GRATUITY.

Respected Madam/Sir,

I am writing this to claim  
for payment of gratuity, on account of  
my resignation after completion of 20  
years of continuous service from August  
1992 to 2012, September.

Since I am yet to receive  
payment of my gratuity, I hereby





श्री इन्दिरा गांधी विश्वविद्यालय  
CITY UNION BANK LTD.

Tinuchirappalli SIGC Campus  
23, Kalamman Kol Street,  
Tinuchirappalli - 620002  
IFS Code : CIUB0000023

VALID FOR THREE MONTHS ONLY

0 7 1 0 2 0 2 2  
D D M M Y Y Y Y

Pay **S. SUBATHRA**

OR BEARER

या धारक क

Rupees ~~रुपये~~ One Lakh Fifteen Thousand Three hundred and Eighty Five Only

अदा करें ₹ 1,15,385.00

A/c. No. SB 023001000136720

For SMT INDIRA GANDHI COLLEGE A

Payable at all branches

  
Trust  
Please sign above

⑈966271⑈ 620054002⑈ 136720⑈ 30

S. Subathra  
13.10.2022



LIFE INSURANCE CORPORATION OF INDIA  
THANJAVUR (6608)  
JEEVAN PRAKASH, 2nd Floor  
GANDHIJI ROAD, THANJAVUR  
BO\_6608@LICINDIA.COM  
PH:04362231402 613 001

Ref : PNGS/U547259/608004371/827

Date: 10/06/2022

SHRINATHI INDIRA GANDHI COLLEGE  
THE SECRETARY,  
SHRINATHI INDIRA GANDHI COLLEGE  
CHATRAM BUSSTAND,  
TRICHY 620002  
620002

Dear Sir / Madam

Re: WITHDRAWAL Claim under Master policy no 608004371 .

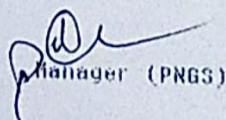
We are forwarding cheque no \_\_\_\_\_/crediting to your Bank  
Acc No. 023001000136720 of CITY UNION BANK LTD.  
IFSC Code : CIUB0000023

The amounts are as per particulars listed below

LIC ID Emp Name	EHP NO	LCSA	SV/Mat/WLhd	REFUND	OTH AMT	TOTAL
10557 0 S KALPANA		0	145385.00	.00	.00	145385.00

TOTALS: LCSA : 0 SV/Mat/Withd : 145385 Refnd : 0 Other : 0 Total: 145385

Yours Faithfully

  
Manager (PNGS)



LIFE INSURANCE CORPORATION OF INDIA  
THANJAVUR DEPT.



Trusteeship DDC  
23, Kallanur Koll Street,  
Trichirappalli - 620002  
IFS Code : OUB0000023

VALID FOR THREE MONTHS ONLY

1 5 0 6 2 0 2 2

D D M M Y Y Y Y

S. KALPANA

OR BEARER

या धारक को

One Lakh Fourty Five Thousand Three hundred and Eighty Five Only

अदा करें

₹

1,45,385.00

c. No. SB 023001000136720

For SMT INDIRA GANDHI COLLEGE A/C



Trustee

Please sign above

Payable at all branches

⑈ 9 1 5 7 0 1 ⑈ 6 2 0 0 5 4 0 0 2 ⑈ 1 3 6 7 2 0 ⑈ 3 0

Gratuity  
Received  
S.Kal  
8/8/2022