

The Tamilnadu Co-operative Milk Producers' Federation Limited
Head Office :: Aavin Illam :: Nandanam :: Chennai - 600 035.
District Co-operative Milk Producers' Union Limited

Application claiming for Aavin Ex-Gratia Pensioner Family Security Fund
 Scheme by Legal Heirs / Nominee of Deceased Employee

Affix Passport size photograph of the legal heir / claimant of the deceased employee

Capacity of the claimant/s (Please tick the appropriate box)	Legal Heir		Nominee	
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I.	DETAILS OF THE DECEASED EMPLOYEE:-	
1	Name of the Employee and Designation	
2	Employee Code No.	
3	Sex (Male / Female)	
4	Marital Status (Married / Unmarried)	
5	Date of Birth	
6	Father's / Husband's Name	
7	Last place in which the employee worked at the time of Retirement	
8	Date of Death of the employee	

II. DETAILS OF THE CLAIMANTS:-													
1	Name of the Legal Heir / Nominee												
2	Relationship of the claimant/s with the deceased employee (in case where the child/children of the deceased employee is / are the claimant/s)												
	<table border="1"> <thead> <tr> <th>S. No.</th> <th>Name</th> <th>Date of Birth</th> <th>Relationship with deceased employee</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	S. No.	Name	Date of Birth	Relationship with deceased employee								
S. No.	Name	Date of Birth	Relationship with deceased employee										
3	Permanent Address												
3.a	Address for Communication												
4	Contact Details:												
	Phone No.												
	Mobile No.												
	E-Mail ID												
5	Details of Savings Bank Account: a. Name of the Bank b. Name of the Branch c. Savings Bank Account No. d. IFSC Code of the Bank												
6	Documents enclosed (indicate as per instructions) <ol style="list-style-type: none"> 1. 2. 3. 4. 5. 												

DECLARATION

I hereby solemnly declare that –

1. the particulars given in this application are true and correct.
2. in case, if any one ore more of the above particulars is/are found to be false / incorrect and perpetrated to claim the Aavin Ex-Gratia Pensioner Family Security Fund Scheme, I/we undertake to return the Aavin Ex-Gratia Pensioner Family Security Fund Scheme full with interest and I shall abide myself for any action that may be initiated by Federation/Unions in this regard.

Place:

Date:

Signature of the spouse / legal heir/s of the deceased employee

To be attested by the Unit Officer of the last worked place of the deceased employee after duly verifying the details furnished above by the applicant.

Place:

Date:

Signature with Seal of the Unit Officer

Tamilnadu Co-operative Milk Producers' Federation Limited/DCMPU'S Ltd
Aavin Ex-Gratia Pensioner Family Security Fund Scheme -2023
DECLARATION AND NOMINATION FORM

Affix Passport
size
photograph of
the Nominee

1. Name in Block Letters :
2. Father's Name / Husband's Name :
3. Marital Status (whether) unmarried/
married / Widow or widower :
4. Date of Birth (As per Service Register) :
5. Permanent Address :
Door No. & Street :
Village / Town :
Post Office :
District :
Pin code :

I declare that, I am pensioner in Aavin Ex-Gratia Pension and I hereby nominate the person mentioned in the event of my before death I state that the said amount should be disbursed in nominated person shown below:

Name and Address of the nominee	Nominee Relationship	Age of nominee	Aavin Ex-Gratia Pensioner Family Security Fund Scheme Amount.

I hereby direct that in the event of my death during the minority of my above named nominee the Aavin Ex-Gratia pensioner Family Security Fund whose particulars are given above shall be deemed to be the nominee for the purpose of Aavin Ex-Gratia pensioner Family Security Fund.

Date:

Signaturer (or left/right hand thumb
Imprssion of the Ex-Gratia Pensioner

Certified that, the declaration has been signed / thumb impressed by Thiru/ Tmt----- employed in my establishment before me after he/she read the have been read over to him/her by me.

To be attested by the Unit Officer of the last worked place of the retired employee after duly verifying the details furnished above by the Claimant.

Place:

Date :

Signature with seal on the Unit Officer

NOTE:

An Employee can nominate a nominee in case there is no family as stated in clause 2(m) and also read with clause 11 of "The TCMPE/All District Co-operative Milk Producer's Unions Ltd, Employee's Aavin Ex-Gratia Pensioner Family Security Fund Regulation-2023".