

**Employees Welfare Fund Scheme  
Compensation/Semso Appeal Form**

Ref. No.: EWFS/COMP/\_\_\_\_\_

Date: \_\_\_\_\_

1. Name of Member Employee/Beneficiary:\_\_\_\_\_ Designation:\_\_\_\_\_ EID\_\_\_\_\_
- Mobile No\_\_\_\_\_ Email ID\_\_\_\_\_ Bank A/C No \_\_\_\_\_
- Member Office/Address:\_\_\_\_\_
1. Compensation/Semso for:\_\_\_\_\_ Date of membership to EWFS\_\_\_\_\_

## 1.1 Death of spouse/Parent/Child (Please Tick)

1.1.1 Name of deceased: \_\_\_\_\_

1.1.2 Age &amp; Sex:\_\_\_\_\_ &amp; \_\_\_\_\_

## 1.2 Death of a member Employee:

1.2.1 Name of deceased:\_\_\_\_\_

1.2.2 Section/Division:\_\_\_\_\_

## 2. Documents enclosed(If any/Relevant):

4.1\_\_\_\_\_

4.2\_\_\_\_\_

I, hereby declare that all the information provided above is true and genuine to the best of my knowledge. I shall be held responsible if the above claim is found false.

The compensation claim has been duly noted in the EWFS record file of this office.

Date:\_\_\_\_\_

Name& Signature  
(Regional Directors/Officiating Head)

*(For official use only)*

The above claim has been verified and finds that the appeal is true and genuine. Therefore, it is duly approved for immediate disbursement.

**President  
EWFS**

*(To be filled by the Treasurer/Cashier, EWFS)*

i. Mode of Disbursement:\_\_\_\_\_

Cheque No:\_\_\_\_\_

ii. Disbursement Voucher No.:\_\_\_\_\_

Date:\_\_\_\_\_

iii. Cash Book Folio No.:\_\_\_\_\_

Ledger Folio No.:\_\_\_\_\_