

MIDDLE MANAGEMENT SCHEME  
CLAIM IN TERMS OF PSSC D.1/4.4.6

J. DETAILS OF CLAIM

- |    |                         |   |       |
|----|-------------------------|---|-------|
| 1. | NAME                    | : | ..... |
| 2. | PERSAL NO               | : | ..... |
| 3. | MAKE & MODEL OF VEHICLE | : | ..... |
| 4. | ENGINE CAPACITY         | : | ..... |
| 5. | TARIFF                  | : | ..... |
| 6. | OFFICIAL KM COVERED     | : | ..... |
| 7. | PERIOD (FROM - TO)      | : | ..... |
| 8. | AMOUNT OF CLAIM         | : | ..... |
| 9. | PERSAL CODE             | : | ..... |

SECTIONS B AND D BELOW MUST ALSO BE COMPLETED

K. DECLARATION

I certify that the above details are correct.

.....  
SIGNATURE OF CLAIMANT

.....  
RANK

.....  
DATE

L. APPROVAL

Payment approved/turned down/amended

.....  
SIGNATURE OF AUTHORISED PERSON

.....  
RANK

.....  
DATE