

**ALL GUJARAT VETERINARIANS' SOCIAL SECURITY TRUST**

**CLAIM FORM**

DATE : \_\_\_\_\_

1. AGVSST NO. : \_\_\_\_\_
2. NAME OF THE DECEASED MEMBER : \_\_\_\_\_
3. DATE OF DEATH : \_\_\_\_\_
4. CAUSE OF DEATH : \_\_\_\_\_
5. NAME OF CLAIMANT : \_\_\_\_\_
6. RELATIONSHIP OF CLAIMANT WITH THE DECEASED MEMBER : \_\_\_\_\_
7. ADDRESS : \_\_\_\_\_  
\_\_\_\_\_

PLACE : \_\_\_\_\_

TALUKA : \_\_\_\_\_

DISTRICT : \_\_\_\_\_

ENCL : COPY OF DEATH  
CERTIFICATE

SIGNATURE OF THE CLAIMANT

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**R E C E I P T**

Received Rs. \_\_\_\_\_ from All Gujarat Veterinarians' Social Security Trust ,  
Ahmedabad , through Cheque No. \_\_\_\_\_ , Dated \_\_\_\_\_ , drawn on State  
Bank of India , Paldi Branch , Ahmedabad/Oriental Bank of Commerce, Gandhinagar.

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

Place : \_\_\_\_\_

Please  
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revenue  
stamp and  
sign