

**FORM OF APPLICATION CLAIMING FOR UNPAID WAGE ARREARS AND
MISCELLANEOUS BILLS**

1. Name of the applicant :
2. Designation :
3. Rate of pay and Scale :
4. Department /Office in which
Working :
5. Nature of unpaid claims/unpaid
Wages/unpaid arrears/settlement
Etc., :
6. Amount. :
7. Unpaid list No. :

In the event of the information furnished by me being found to be false, I am liable for disciplinary action.

Signature :
Designation :
Office :

Signature of the immediate
Supervisor with Name and
Designation:

Forwarded to _____ for verification and arrange payment in the presence of OS/_____. This has reference is passed for payment. This has reference to unpaid list No. _____ dated _____ for Rs. _____ is passed for payment.

Place:

Date:

Signature of the Bill drawing Officer

Designation.