

**APPLICATOIN FOR CLAIMING BENEFIT UNDER THE COAL MINES  
DEPOSIT LINKED INSURANCE SCHEME ON BEHALF OF MINOR**

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To,

The Regional Commissioner,  
Coal Mines Provident Fund,  
Region  
P.O.  
Dist.

Subject : - Payment of benefit under the Coal Mines Deposit Linked Insurance Scheme in respect of Late \_\_\_\_\_ A/c No. \_\_\_\_\_

Sir,

Shri/Smt. \_\_\_\_\_ an employee of \_\_\_\_\_ Colliery \_\_\_\_\_ A/c No. \_\_\_\_\_ who expired on \_\_\_\_\_ has after his/her death, left behind him/her the following minor children to whom payment of benefits under Coal Mines Deposit Linked Insurance Scheme is due: -

Sl. No.	Name	Age	Relationship with the member
1	2	3	4
1.			
2.			
3.			
4.			
5.			

The above minors are my \_\_\_\_\_  
(Relationship)

and are living with me and are being supported and looked after by me. The amount of Provident Fund due to \_\_\_\_\_ has been paid to me being Natural (Defect of guardian). I hereby make this application on his/their behalf for payment of benefit under the Coal Mines Deposit Linked Insurance Scheme.