

CHECK LIST FOR CLAIM FOR OTA

Sr.No.	Description
01	OT statement Form in proper format duly filled in and signed by the concerned employee and countersigned by Unit-In-charge with stamp with Name Design/Stn with PF No, Bill Unit No.
02	Claim submitted by the employee must be as per OT calendar with a specific remark by Unit-In-Charge that no employee is left out for that particular period with the sanction of concerned Branch Officer.