



# University of Management and Technology

## Death Grant Form

Employee Name:	Designation:
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Employee Code:	Department:
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Salary:	Relation with deceased:
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### Purpose and details of amount required

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Approved by**