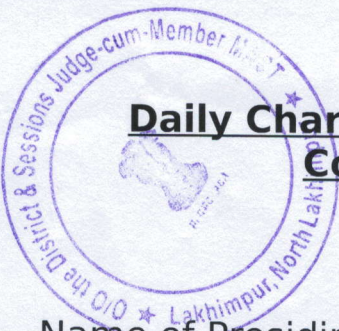




Daily Chart showing Cheque deposited by the Insurance Company for payment of compensation

Date: 28.03.2024

Name of Presiding Officer: Smt. Sharmila Bhuyan,
Member, M.A.C.T., Lakhimpur, N.L.

Sl No.	Case No.	Name of the Insurance Company/ authority	Name of the Claimant	Compensation amount	Date of Credit
1.	NIL	NIL	NIL	NIL	NIL

[Signature]
28.3.24

Member, M.A.C.T.,
Lakhimpur, North Lakhimpur

[Signature]
28-3-24