



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

Date: 10.09.2024

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
Nil.	Nil.	Nil.	Nil.	Nil.	Nil..

*[Handwritten signature]*  
10.9.24

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

*[Handwritten signature]*  
10.09.24