



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

Date: 30.11.2024

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]
30.11.24

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

[Handwritten signature]
30.11.24