



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

Date: 26.05.2026

Name of Presiding Officer:

Smt. Poli kataki  
Member, M.A.C.T. Lakhimpur, North Lakhimpur.

| 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.           |

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

*[Handwritten signature]*  
26/05/26