## **TOTAL NUMBER OF CLAIMS (Verification in progress)**

Count of Claimant Name Form										
Type of Claim	Form B	Form C	Form D	Form F	Incorrect Form	No Forms	<b>Grand Total</b>			
Employee			82				82			
FC		6		6			12			
OC	1	.5			1	1	17			
<b>Grand Total</b>	1	.5 6	82	6	1	1	111			

## TOTAL AMOUNT - CLAIMS (Verification in progress)

	Type of Claim	Values											
	Employee			FC				OC		<b>Total Clai</b>	med Amount	Tot	al Admitted Amount
Form	<b>Claimed Amount</b>	<b>Admitted Amount</b>	Clai	med Amount	Adı	mitted Amount	Cla	imed Amount	Admitted Amount				
Form B							₹	1,05,45,739	₹ 64,21,420	₹	1,05,45,739	₹	64,21,420
Form C			₹	7,16,30,61,780	₹	6,02,39,66,883				₹ 7,	,16,30,61,780	₹	6,02,39,66,883
Form D	₹ 4,95,97,858	₹ 3,25,22,614								₹	4,95,97,858	₹	3,25,22,614
Form F			₹	1,13,28,00,000	₹	-				₹ 1,	,13,28,00,000	₹	-
Incorrect Form							₹	5,83,554	₹ -	₹	5,83,554	₹	-
No Forms							₹	9,28,650	₹ -	₹	9,28,650	₹	-
<b>Grand Total</b>	₹ 4,95,97,858	₹ 3,25,22,614	₹	8,29,58,61,780	₹	6,02,39,66,883	₹	1,20,57,943	₹ 64,21,420	₹ 8	,35,75,17,581	₹	6,06,29,10,917