

**RECOMMENDATION OF THE REGISTERING AUTHORITY
under WBTWSSS for ASSISTANCE**

Name of the Beneficiary	
Date of Registration	
Date of Completion of 6 Months	
Date of Renewal	
Benefit Application Receiving Date	
Registration No.	
Bank Name	
Bank A/C No.	
Nature of Claim	
Amount of Claim	
Remark/s of the Registering Authority	

Registering Authority under WBTWSSS
ASSISTANT LABOUR COMMISSIONER
KRISHNANAGAR, NADIA