MAHARASHTRA STATE LOTTERY (REGULATION) RULES, PART-I
FORM 'A'
(See Rule 15(3))

CLAIM BILL FOR PRIZE AMOUNT

Name of the Prize winner Shri/Smt./Kum.

Full address of the Prize winner

Father's/Husband's/Guardian's name

(If minor Guardian's name & relations)

No. of Prize winning ticket with alphabetical

Date of Draw

Rank of the Prize

Amount of the Prize:

Rs. .......................... (only)

RECEIVED this ............... day of ............. 19 the sum of Rs. ............... (only), being the prize amount payable on the Prize winning ticket mentioned above and attached herewith.

Accompaniment: Prize winning ticket

Mahratta Mukta
(Authority's Signature)
Revenue stamp
(Where necessary)

Claimant's Signature

[Signature]
(For use in the Treasury/Sub-Treasury (Pay and Accounts Office))

1. Verified from the list of the Prize Winning numbers published in the Official Gazette, dated .......... from the copy of the draw-result received from the Director of State Lottery.

2. Verified that the ticket has not been paid before from this Treasury/Sub-Treasury/Pay and Accounts Office.

Treasurer/Assistant Treasurer/Pay and Accounts Officer

Date

(For use in the Accountant General’s Office)

Reason of objection

Auditor
Superintendent
Gazetted Officer