

AFFIDAVIT (to be submitted by claimant)

I, _____ aged about _____ S/o , w/o, d/o Sh / Smt. _____ resident of

I, the above named deponent, do hereby solemnly affirm and declare as under:

- 1) That the deponent is permanent resident of above mentioned address
- 2) That the deponent is legally wedded Husband/wife of Late Sh/Smt. _____
- 3) That the husband / wife of the deponent worked as Rank _____ belt No. _____ in unit name _____ who has been died on _____, salary a/c no _____
- 4) That the deponent is the sole beneficiary of all the funds, pensions, arrears and all the claim of her husband/wife that will be issued by your department and any other department.
- 5) That the other legal heirs of the late Sh/Smt. _____ has no objection if the funds, pensions, arrears and all the claims of her husband/wife will be issued in the name of deponent.
- 6) That the deponent is confirming all documents submitted to the department for insurance claim are genuine.

Deponent

Verification:

Verified that the contents of above affidavit are true and correct to the best of my knowledge and belief.

Nothing has been concealed therein and no part of it is false.

Deponent