

Annexure - II

Draft for Affidavit on Stamp Paper for claiming medical reimbursement

IN CASE OF DEATH of the Government Employee

I,.....husband/wife/son/daughter/father/mother of
Late.....and resident of.....

....., hereby submit the medical reimbursement claim papers pertaining to treatment
of my husband/wife/father/mother Late Shri/Smt.:.....

.....who has expired on.....(copy of Death Certificate is enclosed).

Late Shri/Smt.....has left behind the following other
legal heirs, none of whom have any objection if the entire reimbursable amount is paid to me.

No Objection Certificate signed by other legal heirs on Stamp paper is enclosed.

Deponent

Attested by Notary Public

Draft for No Objection Certificate on Stamp Paper.

We (i)..... S/o D/o Late Shri.....

(ii)..... S/o D/o Late Shri.....

(iii)..... S/o D/o Late Shri.....

(-).....

(-).....

being the legal heirs of Late Shri/Smt.....have no
objection if the entire amount reimbursable pertaining to the treatment of late Shri / Smt.....

.....is paid to Shri / Smt.....

(i) (Signature)

(ii) (Signature)

Name

Name:

Address:

Address:

Verified by Notary Public