

Details of Claimants

Following are dependents of deceased

1. (i) Name _____ Age _____ Relation with deceased _____

- (ii) Name _____ Age _____ Relation with deceased _____

- (iii) Name _____ Age _____ Relation with deceased _____

- (iv) Name _____ Age _____ Relation with deceased _____

- (v) Name _____ Age _____ Relation with deceased _____

- (vi) Name _____ Age _____ Relation with deceased _____

I / We declare that above information is correct to the best of my knowledge.

I / We declare the if any information is found to be false, my claim shall be deemed illegal.

Witnesses

1. Name & Address

(a)

(b)

1.

2.

3.

Signature of Claimants

(To be filled by inquiry Officer)

(a) Opinion about dependents :

(b) Opinion regarding cause of death :

(c) The claim was enquired. The enquiry report is enclosed. I recommend that the claim may be sanctioned / rejected.

Place : _____

Signature of inquiry
Officer
Designation

**Signature of B.D.O
(Seal)**

Date : _____

Officer of the District Magistrate _____

The claim was enquired by _____ (Name of the Officer) and his findings are acceptable. The claim is sanctioned / rejected.

**Labour Superintendent
or
an officer authorised
by the District Magistrate**

**Signature of D.M.
(Seal)**

Place : _____

Date : _____