AFFIDAVIT

I,…………………………………………………..(Name of the applicant)
……….. Wife/Husband/Son/Mother/Father of Shri……………………………………
Aged …….. years, resident of ………………………………………do hereby solemnly affirm and declared as under :-

The deceased………………………………………………..(Name of the deceased service personnel) was my son/daughter/brother/sister.

I was wholly dependent upon my late son/daughter/brother/sister mentioned above, for pecuniary needs.

VERIFICATION

I, the above said…………………………………….(Name of applicant), do hereby solemnly affirm and declare that the facts mentioned above are true to the best of my knowledge and belief and nothing has been concealed thereof.

DEPONENT

PLACE :

DATE :

ATTESTED BY 1ST CLASS MAGISTRATE