

AFFIDAVIT FOR CLAIMING MEDICAL REIMBURSEMENT

I, _____, wife/son/daughter of Late Sh./Smt. _____
and resident of _____
hereby submit the medical claim papers pertaining to treatment of my husband/ father/
mother Late Sh./Smt. _____ who has expired on _____.
(Copy of Death Certificate is enclosed)

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

S. N.	Name of Legal Heirs	Relationship with deceased	AGE
1.			
2.			
3.			
4.			

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

Deponent

Attested by Notary Public