

AFFIDAVIT FOR NO OBJECTION CERTIFICATE

We, _____, W/o, S/o, D/o Late Sh./Smt. _____
_____, W/o, S/o, D/o Late Sh./Smt. _____
_____, W/o, S/o, D/o Late Sh./Smt. _____
_____, W/o, S/o, D/o Late Sh./Smt. _____

being the legal heirs of Late Sh. _____ have No Objection if the entire amount reimbursable pertaining to the treatment of our father/mother is paid to our mother/brother/sister _____

(_____)
Address:

(_____)
Address:

(_____)
Address:

(_____)
Address:

Attested by Notary Public