

Application Form

For the claim of Ex-Gratia due to Covid-19 Death

To
The District Disaster Management Authority,
_____ District / KMC

I being next kin of the deceased, whose details are given below, am applying for the payment of Ex-Gratia of Rs. 50,000/- for the death of him / her due to Covid-19.

1	Name of Deceased	
2	Residential address (before death)	
3	a) Date of being tested Covid-positive/ Clinically positive b) Date of death	
4	Age (at the time of death)	
5	Sex	
6	a) Death Certificate No. b) Date of issuance of Death Certificate c) Issuing Authority	
7	Name of the next kin (who will receive the Ex-Gratia)	
8	a) Address of the kin b) Mobile No. of the kin	
9	Aadhaar No. of the kin	
10	Relationship with deceased	
11	Bank Account No. (for DBT of Ex-Gratia)	
12	Bank Name	
13	Branch	
14	IFSC Code	

Declaration

This is to declare that the statement made above is true & correct to the best of my knowledge. This is also to declare that I am the eligible kin and I have obtained no objection from other kins for crediting the ex-gratia of above mentioned deceased to the above mentioned bank account.

Date:

Full Signature of the claimant

Certified that the above signatory is the nearest kin of the deceased _____ and eligible to receive the Ex-Gratia and it is recommended to credit Ex-Gratia to above mentioned bank account.

Date:

Signature of Pradhan of Gram Panchayat/
Borough Chairman of the Municipal Corporation/
Councillor of the Municipal Corporation / Municipality
(with seal)