

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	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	Address of the Kin & Mobile No.	
9	Relationship with deceased	
10	Bank Account No. (for DBT of Ex-Gratia)	
11	Bank Name	
12	Branch	
13	IFSC Code	

Declaration

This is to declare that the statement made above is true and 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.

Date:

Full Signature of the claimant

Certified that the above singnatory 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/
Councilor of the Municipal Corporation/Municipality
(with seal)