

# 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 exgratia 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 exgratia)	
8	Address of the kin	
9	Relationship with deceased	
10	Bank Account No. (for DBT of exgratia)	
11	Bank Name	
12	Branch	
13	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 exgratia and it is recommended to credit exgratia 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)