

Prescribed Application Form
Ex-Gratia Assistance Claim (Death due to Covid-19)

Photograph of the
claimant

1. Name of Claimant(s): _____

Relation with the deceased _____

S/o, D/o, W/o _____

R/o Village/Ward/ _____

Tehsil & District _____

2. Name of the deceased due to Covid-19: _____

S/o, D/o, W/o _____

R/o Village/Ward/ _____

Tehsil & District _____

3. Date of Death _____

4. Place of Death due to Covid-19 _____

5. Contact No. (M) of claimant _____

Signature of the claimant/thumb impression

Mandatory documents to be submitted by the claimant

S.No	Documents	No. and date of the document	Available(Y/N)
1.	Death Certificate(due to Covid-19)		
2.	Aadhar linked Account No. with IFSC Code of the claimant		
3.	Copy of Aadhar card of the claimant		
4.	Address proof of the claimant		
5.	Legal Heirship certificate or adoption deed (Issued by competent authority) for establishment kinship with the Covid-19 deceased.		