

Sl.No.	Name in Full	Full Address	Exact Relationship with deceased employee(consult foot note)	Age of the person shown in Column 2		In the case of female state whether Married/Widowed/Unmarried at the time of the death of employee
				On the date of employee's death Years    Mnths	On the date of application Years    Mnths	
1	2	3	4	5	6	7

I. Particulars of minor persons on whose behalf the claim is made

II. Particulars of all the members of the deceased's family

**\*\* Full exact relationship :- Wife, Husband, Father, Mother, Son, Daughter, Sister, Brother, Deceased son's widow or child, Paternal Grandparent.**

I hereby identify the Applicants and I certify to the correctness of the particulars furnished.

\_\_\_\_\_  
Signature of the Applicant

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of a Government Gazetted Officer or  
a Magistrate in Union of India and Designation