

EASTERN RAILWAY

LEGAL HEIR REPORT FORM

Settlement of Sri/Smt. _____ Station _____

Designation _____

Home Address _____

Sex _____ Age _____

1. Date of Death of the employee as verified :
2. Name of Widow or widows of the _____ :
deceased with age on the date of
death of the employee with address
3. If the widow has remarried after the _____ :
death of her husband, the name & the
address of the person to whom remarried
& date of remarriage to be given
4. Name of the children and step children _____ :
of the deceased(major or minor) with
their age on the date of death of the
employee and say in case of the daughters
whether they are married and their husband(s)
are alive
5. If the daughters of the deceased were _____ :
married at the time of their father's death
and if the major sons of the deceased were
dependent on their father at the time of death
6. Names of the widow or widows and _____ :
children, if any, of the deceased sons of the
employee
7. If the deceased had any other members of _____ :
family dependent on him for means of
subsistence, their names, ages on the date
of death of the employee, sex and full address
may be furnished
8. If there is possibility if a posthumus child _____ :
being born to the widow and if born alive,
please give his/her date of birth
9. Whether the dependents have been left _____ :
improved financial distress and straightened
circumstances due to death of the railway
employee and if so their names, relationships
etc. may be indicated
10. Name and particulars of Guardians of the _____ :
minor children or dependents to the
deceased

We hereby declare that the information given are correct and we promise to refund the Railway amount which were wrongly credited to any one as a result of the information given above being incorrect.

Signature of Witness

Signature or LTI of the widow

Name : _____

Name of the widow : _____

Designation : _____

Home Address : _____

Station : _____

Date : _____

Date : _____

Signature of the next of kin

Father's Name : _____

Desig. If any : _____

Home address : _____

Date : _____

We hereby declare that to the best of our knowledge and belief the information given above is correct.

Signature of Witness

1. Signature of the contemporary employee

Name : _____

Name : _____

Desig.: _____

Desig.: _____

Station : _____

Station : _____

Date : _____

Date : _____

2. Signature of the contemporary employee

Name : _____

Desig.: _____

Station : _____

Date : _____

Countersigned by Departmental Gazetted Officer

Name : _____

Desig.: _____

Station : _____

Date : _____