

Annexure – II

Draft for Affidavit on Stamp Paper for claiming medical reimbursement
IN CASE OF DEATH of a CGHS Card Holder

I, husband / wife / son / daughter of Late..... and
resident of, hereby submit the medical
reimbursement claim papers pertaining to treatment of my husband / wife / father /
mother Late Shri/ Smt..... who has expired on (copy of
Death Certificate is enclosed).

Late Shri/Smt..... has left behind the following other legal heirs,
none of whom have any objection if the entire reimbursable amount is paid to me.

No Objection Certificate signed by other legal heirs on Stamp paper is enclosed.

Deponent

Attested by Notary Public

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Draft for No Objection Certificate on Stamp Paper.

We (i)..... S/o D/o Late Shri.....
(ii)..... S/o D/o Late Shri.....
(iii)..... S/o D/o Late Shri.....
(--)
(--)
(--)

being the legal heirs of Late Shri/Smt..... have no objection if the
entire amount reimbursable pertaining to the treatment of late Shri / Smt
..... is paid to Shri / Smt

(i) (Signature)
Name:
Address:

(ii) (Signature)
Name
Address:

(iii) (Signature)
Name:
Address

(iv).....

(v).....

(vi).....

Verified by Notary Public