

Draft for Affidavit on Stamp Paper for claiming medical reimbursement

I _____ S/o _____ R/o _____ do hereby solemnly affirm and declare as under:

1. That the medical bill for the period from _____ to _____ amounting to Rs. _____ was submitted by my _____ namely _____ retired as _____ from PSPCL on _____, who has expired on _____
2. That the above bill has not been claimed from any insurance/other agency.
3. That Late _____ has left behind the following other legal heirs none of whom have any objection if the entire amount reimbursable is paid to me.

No objection certificate signed by the legal heirs on Stamp paper is enclosed herewith

4. That attested copy of succession certificate/registered will is hereby submitted.
5. That I will be responsible to refund the payment of above medical bill to PSPCL, if any dispute regarding medical bill arises later on.

(Deponent)

VERIFICATION

Verified on ___ day of _____ at _____ that the contents of the above mentioned affidavit are true and correct to my knowledge and belief and nothing material has been concealed.

(Deponent)

Draft for No objection certificate on Stamp Paper

We _____ S/o/D/o Late Shri _____ being the legal heirs of Late Shri _____ have no objection if the entire amount reimbursable pertaining to the treatment of our father is paid to our brother Shri _____

(_____)

Address

(_____)

Sons/ Dauthers W/O
Address