**AFFIDAVIT**

**DEPENDENCY CERTIFICATE**

I Smt. **Kalpana Ramesh Chand** widow/~~father/ mother/son/daughter~~ of Late **Ramesh Chand** P. No. **197728-H** Rank **Ex MCEAP-II** Date of Birth (or Age) **01 June 1976**.

Resident of: - Village \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dist. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tehsil \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

That late Sailor was my **HUSBAND** and has nominated me as a nominee to receive the insurance benefits if and when the claim arose. That I am the same person as nominated by the late Sailor indicated in the insurance certificate. I was wholly dependent upon my late husband/father/son mentioned above, for pecuniary needs and other basic necessities for my bare existence.

**DEPONENT**

**VERIFICATION**

I, the above said Shri/Smt. **Kalpana Ramesh Chand** do hereby solemnly affirm and declare that the facts mentioned above are true to the best of my knowledge and belief and nothing has been concealed thereof.

Verified by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: 1 st Class Magistrate