

LIFE INSURANCE COPORATION, LIMITED

GROUP Insurance unit

Regional Centre New Delh Divisional Office: 25,K.G., Marg

EMPLOYMER'S/CLAMINANT'S STAMENT

(To be completed by Master Policy Holder)

- (i) Name of the Scheme : **CCRUM, Group Insurance Scheme, 1983**
- (ii) Master Policy No. : **GI-103005674**
- (iii) Full Name and Address of the Master Policy Holder : **Central Council for Research in Unani
Medicine , 61-65, Institutional Area, Opp.
D-Block, Janakpuri, New Delhi -110058**
- 1) Full Name of the deceased Member (Employee name) : _____
- 2) Employee No. and Name of the Unit : _____
- 3) Date of Entry into the Service : _____
- 4) Category and Salary Grade of the Employee : _____
- 5) Amount of Insurance cover under GI Scheme : _____
- 6) Name of the Beneficiary/Beneficiaries : _____
- 7) Date of Entry in the Scheme : _____
- 8) Date of Death : _____
- 9) Cause of death : _____
- 10) Place of Death : _____
- 11) Was the member in the service of employer on the : _____
date of death
- 12) Date of birth as recorded by the employer : _____
- 13) Date when member last attended duty : _____

We hereby declare that the above deceased employee was a member of Group Insurance Scheme and was in our service on the date of death and the particulars provided above and true in aspect.

We enclose the death certificate in proof of death of the member, as also an advance discharge receipt of the claim amount.

The assurance amount covered under this claim should be made out in favor of **Director General, CCRUM, New Delhi**

We hereby declare that the answers to all the above question are true in every respect.

For and on Behalf of

Place : _____.

Date.: _____

GIS No.P&GS-103005674

DISCHARGE RECEIPT

Received a sum of Rupees _____ (Rupees _____)
From the Life Insurance Corporation of India in full and final settlement of all our
claims and demands in respect of **SHRI.** _____,
_____ under Master Policy No. **P&GS-103005674** who **expired/left**
services/Retired on _____

Across
Rs.1/-
Revenue
Stamp

Beneficiaries
(Signature)

Witness :
Signature : _____
Designation: _____
Address : _____
: _____
: _____

Name _____

Designation _____

Office Stamp

According to the GIS records of the council, if there is a difference in the name of the deceased and the DEATH CERTIFICATE of the deceased, the AFFIDAVIT given below mandatory to give

□□□□□ □□ GIS record □□ □□□□□□ □□□□
□□ □□□ □□ □□□□ □□ Death Certificate
□□ □□□ □□□□□ □□□□ □□ □□□□ □□□□
□□□ Affidavit □□□□ □□□□□□□□ □□

INDIA NON JUDICIAL

Government of National Capital Territory of Delhi



सत्यमेव जयते

e-Stamp

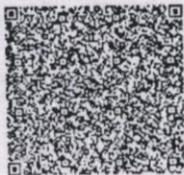
Certificate No. : [REDACTED]
Certificate Issued Date : [REDACTED]
Account Reference : [REDACTED]
Unique Doc. Reference : [REDACTED]
Purchased by : [REDACTED]
Description of Document : [REDACTED]
Property Description : [REDACTED]
Consideration Price (Rs.) : 0
First Party : [REDACTED]
Second Party : Not Applicable
Stamp Duty Paid By : [REDACTED]
Stamp Duty Amount(Rs.) : 10

(Zero)

Not Applicable

(Ten only)

सत्यमेव जयते



Please write or type below this line.....



Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.

AFFIDAVIT

I, _____ OF LATE I _____ RESIDENT OF _____ (AADHAAR CARD NO. _____), do hereby solemnly affirm and declare as under:-

1. That I am citizen of India.
2. That my _____ was working in CCRUM as a _____
3. That in my husband some documents, his name is mentioned as _____ but his correct name is _____.
4. That the both names _____ and _____ are the names of one and the same person i.e. _____.
5. I take oath and solemnly declare/affirm that the particulars furnished by me above are correct and that I have not concealed or misrepresented any facts.
6. That this is my true statement.

DEPONENT

VERIFICATION :-

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



ATTESTED

NOTARY PUBLIC
DELHI (INDIA)

DEPONENT