$\frac{\textbf{PROFORMA OF AFFIDAVIT FOR OBTAINING } \textit{SURVIVING MEMBER}}{\textit{CERTIFICATE}}$

I Smt.			_ w/o		R/	о	do he	reby
solemr	nly affirm a	and declare as	under:-					
1.	That Sh	·		_ S/o			_ expired	at
		on		and	death was	registered wit	th MCD. De	eath
	Certificate No		d	ated	is attached.			
2.	That aft	er the death	of my hus	sband	Sh			the
	following	g are the surviv	val members	in the	family.			
	Sl.No.]	Name		Age	Retation w	vith decease	d
	1.							
	2.							
	3.							
	4.							
	5.							
3.	That the	none other tha	n mentioned	above	is the surv	ival member i	n the family	7.
4.	That survival member certificate is required for submission in the Office of							
5.	That this	is my true stat	ement.					
						Depone	ent	
Verific	cation: V	erified at Dell	ni, this		day	tl	hat the cont	ents
of the	affidavit a	re true & corre	ect to the be	st of m	y knowled	ge and belief a	and nothing	has
been c	oncealed t	herein.						

Deponent