

**Form of Certificate of Dependency**  
**( To be submitted by dependant other than widow, son, daughter and widowed mother )**

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Certified that I/we were wholly/partially dependent upon the earning of the deceased Shri.....  
..... Insurance No.....at the time of his death:

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S. No.	Name	Father's/ Husband's Name	Relationship to deceased	Signature/ Thumb impression	Date
(1)	(2)	(3)	(4)	(5)	(6)
1.					
2.					
3.					

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Certified that the above declaration is correct to my knowledge and belief.

Signature :

Designation :

Rubber Stamp :