

(To be prepared on a non judicial stamp paper of appropriate value and attested by a Magistrate or Munsif or Tehsildar or Munsif Magistrate/ Notary Public/ Notary)

AFFIDAVIT

(Consent Certificate)

1. I, Name..... S/O, W/O.....
aged aboutyears and resident of Village.....P.O.....
Tehsil.....District.....State.....,
do hereby Solemnly affirm and state as under :-

2. I am..... S/O, W/O, F/O, M/O, D/O No.....
Rank.....Name.....

3. I am entitled to AGI..... (%) share in the, insurance/ extended insurance benefits of my late.....

4. I have no objection if my share of extended insurance/ insurance benefits is paid to my..... (mention relation), Shri/ Smt.....
I shall not make any claim for the whole or any part of the said amount in respect of the said benefits at any time hereafter and do hereby indemnify and shall keep indemnified Army Group Insurance Fund in this regard.

(Signature of Deponent)

Verification :-

I..... the deponent able named to hereby verify that the concealed of the above affidavit are true to my knowledge, no part of it is false and nothing material has been concealed there from –

Verified at In this day of.....20.....

Signature of Deponent

ATTESTED BY



Signature.....
(Magistrate/ Munsif/ Tehsildar
Munsif Magistrate/ Notary)