

**AFFIDAVIT FOR DUPLICATE EXTENDED  
ARMY GROUP INSURANCE CERTIFICATE**

(For the use of Beneficiary)

(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**

1. I, Name..... son of/ daughter of/ widow of/ mother of  
No..... Rank..... Name.....  
Regt/ Corps.....aged.....years.....son/daughter of Shri.....  
..... and resident of Village.....P.O.....  
Tehsil.....District.....State.....  
Solemnly affirm and declare that Extended Army Group Insurance Certificate No.....  
.....dated.....issued to No.....Rank.....Name.....  
.....by the Army Group Insurance Fund, is not  
traceable in the belongings of late No.....Rank.....  
Name.....

2. In case the above documents is traced at a later, date we will send it by registered AD to the managing Director, Army Group Insurance Fund, AGI Bhawan, Rao Tula Ram Marg, Post Bag No 14, PO-Vasant Vihar, New Delhi-110057

3. That in case the above declaration is not found t be true at any time in any particulars, I be liable to be prosecuted for fraud.

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Signature of Deponent

**DECLARATION**

I that above said Shri/ Smt.....

\*solemnly affirm and declare :-

THAT the contents of this affidavit are true to the best of my knowledge and belief and nothing has been concealed or suppressed.



Signature of Deponent  
(P.T.O.)

**VERIFICATION AND ATTESTATION**

Certified that the above statement was declared on \*Oath/\*Solemn affirmation before me..... on this ..... day of .....20..... by Shri/ Smt/ Kumari ..... Wife/ son/ daughter of ..... who is identified by ..... and witnessed by (a) ..... (b).....(as per detail below).

**IDENTIFIED BY**

\_\_\_\_\_  
Signature

Name in block letters.....  
Full Postal Address.....  
.....

**WITNESSED BY**

**Witness No-1**

\_\_\_\_\_  
Signature

Name in block letters.....  
Full Postal Address.....  
.....

**Witness No-2**

\_\_\_\_\_  
Signature

Name in block letters.....  
Full Postal Address.....  
.....

\_\_\_\_\_  
(Signature of Munsif/Tehsildar)  
(Attesting Officers)



\*DELETE whichever is not applicable.