

**MANIPUR STATE DISASTER MANAGEMENT AUTHORITY
DEPARTMENT OF RELIEF & DISASTER MANAGEMENT
GOVERNMENT OF MANIPUR**

(APPLICATION/CLAIM FORM)

(For Ex-Gratia Assistance to next of kin of the deceased due to Covid-19)

1	Applicant details	
	Name	
	Age	
	Relationship with the deceased	
	Residence address (Include copy of evidence)	
	Business (Jobs / Business / Agriculture / labour work / Other)	
	Mobile no.	
	Aadhaar card no. (Xerox copy to be included)	
2	Details of the legal heir of the deceased due to Covid-19	
	Name	
	Relationship with the deceased	
	Residential address	
	Gender (Male / Female)	
	Profession/Occupation	
Aadhaar card no. (Copy included)		
3	Bank Details of the legal heir in whose name the assistance to be given <i>(Include copy of the Bank Passbook)</i>	
	Account Holder Name	
	Bank Name	
	Branch & Address	
	IFSC Code	
MICR No		

4	Details of deceased died from Covid-19 (Corona)	
	Name	
	Age	
	Gender (Male/Female)	3
	Profession/Occupation (Job / Business / Agriculture / labour work/ Other)	
	Residence address (Address proof to be attached)	
	Aadhaar card No. (Document Proof to be attached)	
	Covid-19 (Corona) tested positive date (Certificate to be attached)	
	Date and Time of death from Covid-19 (Corona)	
5	the Death certificate of the deceased issued as per the guideline by the Directorate of Health Services, Government of Manipur wherein the reason of death should be mentioned as Covid-19 (Corona)	Has Certificate attached? Yes / No
5	Details of assistance amount to be credited in the name of one heir (If there is more than one heir, submit affidavit with consent of other heirs)	Has the Affidavit attached? Yes / No

Signature of the applicant/Claimant:-

Name:-

Venue:-

Date:-