Reg. 22

FUNERAL EXPENSES FORM EMPLOYEES' STATE INSURANCE CORPORATION



(Regulation 95E)

Claim arising	out of death on	of	s/w/d of
aged	years, having Insurand	ce No	and last employed as
	by M/s		_ Code No
* i) that I am particulars are (Rupees	the eldest surviving member furnished here-in-above, and t	r of the fam hat I actually	aged years declare :- ly of the deceased insured person, whose incurred an expenditure of Rs only) necessary
for the funeral	of the said deceased person.	or	
family/was not expenditure of	t living with his family at the	se particulars time of his	are furnished here-in-above did not have a /her death and that I actually incurred an only) on the funeral of
iii) To the best the funeral.	of my knowledge and belief no	o other perso	n except me has incurred any expenditure on
Accord	dingly, I do hereby claim fur	neral expens	es for Rs.
(Rupees			only).
Date		Nam	e in Block Letters
		Sign	ature or thumb impression of the claimant
		_	·
Certified that th		ATTESTATIO n-above, are	true to the best of my knowledge and belief.
	Name in block letters and	4	Signature
	Rubber Stamp or Seal of t		Designation
	Attesting Authority		Date
** This certificate Commissioner; of official seal of the	or (iii) a Workmen's Compensation e Panchayat, or M.L.A./M.P.; or (v)	he Revenue, J Commissioner, A Gazetted Off	udicial or Magisterial Department, or (ii) a Municipal or(iv) the Head of the Gram Panchayat under the icer of the Central/State Govt., (vi) a member of the insidered as appropriate by the Branch Manager
Important: Any himself or for sor six months or wit Note: In case of	ne other person, commits an offenc h a fine up to Rs.2,000/-, or with bot a minor, the guardian should sign th	e punishable v h.	tion for the purpose of obtaining benefit, whether for ith imprisonment for a term which may extend up to behalf of the minor, and
then add the loll	owing below his /her signature:-		
			(Name of the minor) Through
			(Name of the guardian)
			his/her
			(Relationship with the Minor)