

GOVERNMENT OF ASSAM  
REVENUE & D.M. (GENERAL) DEPARTMENT  
JANATA BHAWAN : DISPUR : GUWAHATI-06

**CLAIM FORM**

(For Ex-Gratia Assistance to next of kin of the Deceased by COVID-19)

**1. Details of Deceased Person who died due to COVID-19**

(a) Full Name (Ms./Mr.)

(b) Father's name

(c) Age at last birthday

(d) Sex

(e) Address

(f) Profession/occupation.


**2. Death Details:**

a. Date and Time of Death

b. Date Laboratory diagnosis of COVID-19


**3. Details of COVID-19 infection:**

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**4. Details of legal heirs of the deceased:**

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**5. Bank details of legal heirs:**

5.1 Name of Legal Heir:

5.2 Relationship with the Deceased:

5.3 Bank Name:

5.4 Branch Name and Address:

5.5 Bank Account No:

5.6 Bank Account Type:

5.7 IFSC Code:

5.8 MICR Code:


**Declaration**

I,.....hereby declare that the foregoing statements are true in all respect and, that I the claimant have not attempted to conceal from the Assam Government anything which ought to be made acquainted I, agree that if I have made, or in any further declaration the Assam Government may require, shall make any false or fraudulent statement or any suppression, concealment or untrue averment whatever, the claim shall be void any my right to compensation forfeited and am willing if required to make a Statutory Declaration before a Justice of the Peace of the truth of the whole of the foregoing statement or any other statement I, may make a connection with this claim.

	Claimant	Witness	
Name:			
Address:			
Contact number:			
Date:			
Signature:			

**Place and Date:**

**Signature of the Claimant**

**Terms & Conditions:**

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Following documents along with Claim form are required :-

- I. Identity proof of Deceased (Certified copy)
- II. Identity proof of Claimant (Certified copy)
- III. Proof of relationship between the Deceased and the Claimant (Certified copy)
- IV. Laboratory Report certifying having tested Positive for COVID-19 (in Original or Certified copy)
- V. Death summary by the Hospital where death occurred (in case death occurred in hospital) (Certified copy)
- VI. Death Certificate (in Original)
- VII. Legal Heirs Certificate.

**Guiding Principles for this assistance:-**

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- a) COVID-19 cases, for the purpose of this claim, are those which are diagnosed through a positive RT-PCR/Molecular Tests/RAT or clinically determined through investigations in a hospital/in-patient facility.
- b) Deaths occurring due to poisoning, suicide, homicide, deaths due to accident etc. will not be considered as COVID-19 deaths even if COVID-19 is an accompanying condition.