

In the Court of Executive Magistrate, /
Before the Notary Public

We, 1) aged about years, 2)
aged about years 3) aged about years
4) aged about years wife/son/daughter of
Late at present residing at
P.O. P.S. in the district of
..... do hereby solemnly affirm and state as follows :-

2. That, we, the above named deponents are the Legal Heirs / sole dependants of Late, who died on while working as a (Designation) in the (Name and address of the Division) under the Orissa Hydro Power Corporation Ltd. at Bhubaneswar.
3. That we the above named deponents agree and accept the benefits as stipulated under the OIIPC Rehabilitation Assistance Scheme, 1997.
4. That in order to avail the aforesaid benefit of Rehabilitation Assistance; we, the above named deponents, being the sole legal heirs of Late, do hereby nominate from among ourselves Sri/Smt..... deponent No. and authorise him/her, in exercise of our free will, to receive the benefit of Rs. 1.00 lakh (Rupees one lakh) only and the monthly interest thereon on our behalf from the Orissa Hydro Power Corporation Ltd. in the manner and procedure specified in the aforesaid Scheme.
5. That, we the above named deponents do hereby declare that neither any one of us nor any other person(s) claiming to be the legal heir of Late..... has received or is entitled to any benefit of or employment from the Govt. of Orissa / erstwhile OSEB or any other authority as a measure of Rehabilitation Assistance.
6. That, we the above named deponents do hereby declare that in case it is detected on any subsequent date that any one of us is not the legal heir of Late..... or any one of us or any other person(s) claiming to be legal heir(s) of Late has received or is entitled to any benefit or compensation in any shape or manner from the Govt. of Orissa / erstwhile OSEB or any other Authority as a measure of Rehabilitation Assistance; the Secretary, OIIPC PF Trust shall be at liberty to forthwith rescind the payment of the aforesaid benefit to our nominee, Sri/Smt. deponent No. and also to any one of us and/or to effect full recovery of the amounts already paid on this account from all of us, the above named deponents, in the manner and procedure most practicable for him.

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- 7. That, we the above named deponents do further declare that we shall not jointly or severally make any claim of any further benefit/compensation from Govt. of Orissa or OIIPC Ltd. or any other Authority towards Rehabilitation Assistance.
- 8. That the facts stated above are true to the best of our knowledge and belief.
- 9. That this affidavit shall be submitted to the Secretary, OIIPC PF Trust at OIIPC Ltd., Bhubaneswar for settlement of the Rehabilitation Assistance claim.

DEPONENTS

**IDENTIFIED BY
ADVOCATE**

- 1)
- 2)
- 3)
- 4)

The above named deponents, being identified by Sri Advocate solemnly affirm and state before me that the contents of the Affidavit are true to the best of their knowledge.

EXECUTIVE MAGISTRATE

25/11