

[Affidavit duly affirmed with photograph before the 1st Class Judicial Magistrate/ Executive Magistrate/ Equivalent authority appointed by respective State Govt. for this purpose on a Non Judicial Stamp Paper of appropriate value (Note: only Notarized Affidavit shall not be accepted)]

AFFIDAVIT

I, Mr. / Ms. _____, Son/ daughter of _____, aged about _____ years, resident of _____, do hereby solemnly affirm and state as follows:

1. I am a dependent (widow/ son/ daughter/ near relative) of Late Mr./ Ms. _____ who was a Servicemen killed in operation _____ (as per the definition provided below) on _____ (date of death of serviceman).

Dependents of Servicemen Killed in Action: Servicemen killed in the following operations would be deemed to have been killed in action attributable to military service (a) war (b) war like operations or Border skirmishes either with Pakistan on cease fire line or any other country (c) fighting against armed hostiles in a counter insurgency environment viz: Nagaland, Mizoram, etc. (d) serving with peace keeping mission abroad (e) laying or clearance of mines including enemy mines as also mine sweeping operation between one month before and three months after conclusion of an operation (f) frost bite during actual operations or during the period specified by the Government (g) dealing with agitating para-military forces personnel (h) IPKF Personnel killed during the operations in Sri Lanka.

2. The concession has been availed by one dependent of Servicemen killed in action, namely Mr./Ms. _____ relation to Servicemen _____.

OR

The concession has not been availed by any dependents of Servicemen killed in action.

3. That the affidavit is being sworn for the purpose of availing the concession of reservation for dependents of Servicemen killed in action against Indian Oil Corporation Ltd., Marketing Division, advertisement no. IOCL/MKTG/HO/REC/2025 (Corrigendum II) for All India Open Recruitment of Experienced Personnel in Non-Executive category & Special Recruitment Drive [SRD] for Persons with Benchmark Disability [PwBD] in Non-Executive category.
4. That the facts stated above are true to the best of my knowledge and belief.
5. That in the event the above said declaration is found to be untrue then the employment, if any, granted to me shall be liable to be terminated.

Place:

Date:

Deponent

