

NO OBJECTION CERTIFICATE

I/We _____ the _____ below _____ mentioned _____ signatories _____ the dependent(s)/legal heir(s) of Late _____ (Name of the deceased member of ICSI), ACS/FCS.....have no objection to Mr./Mrs./Ms.....being.....(relationship with the deceased) of the deceased for claiming and receiving the Financial Assistance under ICSI Special Covid-19 Assistance Corpus for us and on our behalf on account of demise of the deceased member due to Covid.

Details of Signatories with Signatures-:

Names with Aadhaar No.	Age	Relationship with the deceased	Signature

Place: _____

Date: _____
