### LIFE CERTIFICATE

# Pension A/c. No.

Tł	nis is to certify that Shri/ Smt		residing at present
address.	If the address changes please intima	ate immediately.	
Present A	Address : (IN BLOCK LETTERS)		
		Telephone No. :	
		E-mail ID :	
Donciono	er of the Canteen Stores Department	is alive on	
i ensione	i of the Canteen Stores Department	is alive on	·
Signature	e of Pensioner :		
OFFICE (	OF AL		
OFFICE :	SEAL		Signature of
			Attesting Officer
Place :	:	Name :	
Date :	:	Designation	
	Company, Corporation, Autonomo	(APPLICATION ONLerving in any capacity either in a bus body or Society or Central Government of the year ended December OR ed/re-employed in the office of	or a State Government or ber 20
	is a part of/ Financed by	Government and was	in Receipt of the following
	•	ng the year ended December 20	or during the month of
	falling, within the said	I year.	
	Delete whichever is not applicat	ole.	
	Basic :		
	D.A. :		
	Total Pension :		
Place	:	Signature :	
Date	:		
2410			
		P.P.O. No. :	

### **CERTIFICATE OF NON RE MARRIAGE/ NON MARRIAGE**

### Pension A/C No.:

I hereby declare that I am not married/ I have not been married during the past six months.

OR

I hereby declare that I have not been re-married and I undertake to report such an event to the Bank

Place	:	Signature	:							
Date	:	Name of Pensioner	:							
		P.P.O. No.	:							
I certify to the best of my knowledge and belief that the above declaration is correct.										
		Signature of responsible	<b>:</b>	:						
Place	:	Officer or a well known p	person	:						
Date	:	Name :		:						

# **DECLARATION FROM DEPENDENTS**

## Pension A/C No.:

(i)	In the case of Single parent																					
	I 	ha	ve	not	cor	tracted	marria	age	with	any	other	person	since	the	death	of	my					
ı	In t	he	cas	e of	both <sub>l</sub>	oarents	granted	Dep	enden	t's per	nsion co	llectively.										
	My husband/ wife ( who is a non/payee parent ) is alive. I further declare that I am/ we are not in receipt of any other person, that I/ we do not hold any position of profit under Govt. except																					
	rec	eip	t of	fany	/ oth	er perso	on, that	I/ v			-	-	-									
	since the grant of the pension my/ our private income has been increased/ decreased.																					
Place	:	_								Sign	ature		:									
Date	:	_								Name of Pensioner												
										P.P.	O. No.											
	I certify to the best of my knowledge and belief that the above declaration is correct.																					
										Na	ıme		:				_					
Place	:	_								De	signatio	on	:									
Date	:	_								Of the authorized Officer												
															-							