

जीवन प्रमाण पत्र प्रस्तुत करने का प्रारूप

जीवन – प्रमाण पत्र

प्रमाणित किया जाता है कि मैंने पेंशनर(पेंशनर का नाम)
जो पेंशन भुगतान आदेश संख्या का धारक है एवं जिनका
खाता संख्या (अन्तिम चार अंक) को देखा है एवं वह इस
तारीख को जीवित है।

स्थान :—

तारीख :—

नाम :—

प्राधिकृत अधिकारी का पद (मुहर सहित)

ANNEXURE IV
I. LIFE CERTIFICATE

Certified that I have seen the pensioner.....(Name of the Pensioner) holder of PPO No..... and that he is alive on this date.

Place:	Name
Date:	Designation of Authorised Officer (Seal)

II. NON-EMPLOYMENT CERTIFICATE

a) I declare that I have not received any remuneration towards employment/reemployment / absorption either permanently or temporarily in a Central/State Government Department or a Central/State Government Company, Corporation, Undertaking Autonomous body, Statutory body, Local Body, Co-operative Society, Institution etc. wholly or substantially owned or controlled by the Central/State Government or in which the Government has substantial financial interest or is receiving Grant-in-aid from the Government to meet its administrative expenditure or in Reserve Bank of India or in a Public Sector Bank or in GIC/LIC etc. during the year ended October, 20.....

b)* I declare that I have accepted commercial employment after obtaining sanction of the Government (to be furnished by State Service Officers during first two year from the date of retirement).

c)* I declare that I have/have not accepted any employment under any Government outside India after obtaining/without obtaining sanction of the Government (to be furnished by State Services Officers only)

Place:-	Signature.....
Dated:	Name of Pensioner.....
	PPO NO.....
	Mob No.

Bank Name. Account No. Aadhar No.
(* delete to whichever is not applicable)

III. CERTIFICATE OF RE-MARRIAGE/NON-MARRIAGE

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 undertake to report such an event to the Treasury/Bank.

Place:	Signature
Date:	Name of the Pensioner
	PPO.No.....

I certify to the best of my knowledge and belief that the above declaration is correct.

Place:	Signature of the responsible
Date:	Officer or a well known person
	Name.....
	Designation.....