

LIFE CERTIFICATE TO BE SUBMITTED BY THE
PENSIONER/ FAMILY PENSIONER

Certified that I have seen the Pensioner/ Family Pensioner
Shri/Smt./Ms. _____ (name)
holder of pension payment order No. _____ and that he/ she is alive
on this date.

Signature/RTI/LTI of Pensioner: _____

Name of Pensioner: _____

Present Address of Pensioner: _____

Phone: _____ Mobile: _____

Email: _____

Signature of Authorized Officer
(With seal)

Name: _____

Designation: _____

Place: _____ Date: _____