

## LIFE CERTIFICATE

(To be submitted by Pensioner once a year in October to December)

Certified that I have seen the pensioner Shri/Smt./Ms..... holder of Pension Payment Order No.....and that he/she is alive on this date.

Name:.....

Designation of Authorised Officer

Seal:

Place: .....

Date : .....

### ADDITIONAL INFORMATION:

1. INCOME TAX Permanent Accounts Number (PAN):
2. (a) Mobile No :  
(b) Alternate Mobile NO :
3. Date of Birth of the Spouse :  
(proof of Date of Birth attached)

Signature

Name of the Pensioner.....

Savings Bank Accounts No.....

**Form of Certificate of  
Non-Employment /Re-Employment Certificate**

1. I declare that I have not been serving in any capacity either in a Government Department / Office, company, corporation, autonomous body or Society of Central or State Government or Union Territory or a Local Fund during the half .....year ended May/December, 20.....

**OR**

I declare that I have been employed/re-employed in the Office..... Which is a part of / financed by..... Govt. and was in receipt of the following monthly rates of emoluments during the half year ended May/December, 20..... Or during the month of ..... falling within the said half year.

- (a) Pay.....
- Special Pay.....
- Allowances.....
- (including DA., ADA etc.)

**OR**

- (b) Honorarium.....

Further, that the orders of my re-employment do/do not stipulate my pension being held in abeyance during the re-employment period.

- (ii) I declare that I have not accepted any commercial employment in India.

**OR**

I declare that I have accepted commercial employment in India, after obtaining previous sanction of the Central Government and none of the conditions, if any, attached thereto by Government has been violated. Note : this declaration is required to be given for a period of two years from the date of retirement. \*(iii) I declare that I have not accepted any employment under a Government outside India / an International Organisation of which the Government of India is not a member . OR I declare that I have accepted employment under a government outside India/ an International Organisation of which Government of India is not a member after obtaining the previous sanction of the Central Government and none of the conditions attached thereto by the government has been deviated from.

Signature.....

Place : .....

Name of the Pensioner.....

Date : .....

P.P.O. No.....

Certificates at (ii) and (iii) are to be furnished only by retired Group A Officers.

## ANNEXURE-C

Certified that I have seen the pensioner Shri/ Smti.....  
..... holder pensioner payment order No..... and  
that he is alive on date.

Place.....

Date.....

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Signature of Pensioner

Pensioners Bank A/C No.....

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Name & Designation of the Authorised  
Officer with Seal

## NON RE-MARRIAGE CERTIFICATE

I Smt..... Declare that I have not been re-married till  
date and I undertake that the fact of my re-marriage if, occurs in future will be reported to the Bank  
promptly.

Place.....

Date.....

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Signature of Pensioner

**Form for availing Medical Facilities under central Government Health Scheme or Fixed Medical Allowance after retirement.**

1. I reside/will be residing at the following address:			
Flat/House No/Bldg. Name		Street/Locality	
Village & Post Office/ Block		City & District	
State		Pin Code	
2. I opt the following facility			
(Please tick any one of the following)			
i. I will be residing in a CGHS area and would be availing CGHS facility			<input type="checkbox"/>
ii. I will be residing in a CGHS area but would not be availing CGHS facility. I understand that I will not be eligible for Fixed Medical Allowance (FMA)			<input type="checkbox"/>
iii. I will be residing in non-CGHS area but would be availing CGHS facility for In-patient Department (IPD) and Out-patient Department (OPD) treatment. I will not be eligible for FMA			<input type="checkbox"/>
iv. I will be residing in a non-CGHS area but would be availing CGHS facility for IPD treatment only by payment of CGHS contributions. I will also avail FMA for OPD treatment			<input type="checkbox"/>
v. I will be residing in a non-CGHS area and would not be availing CGHS facility for both IPD treatment and OPD treatment. I will avail FMA.			<input type="checkbox"/>
vi. I will avail medical facilities available to spouse/family members who is an employees/pensioner of Government/PSU/Autonomous Body. I will not avail CGHS facility and FMA			<input type="checkbox"/>
vii. Avail medical facility of previous organization. I will not avail CGHS facility and FMA			<input type="checkbox"/>
This is my one time change in option as provided in the Rules and it supersedes the earlier option given by me. I understand that I shall not be able to change this option again (Strike out this item if not applicable)			

Name of the retiring employee/pensioner:		Mobile No.	
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(Signature of head of office)

(Signature of applicant)