

LIFE CERTIFICATE FOR THE YEAR 2023

(To be submitted by Pensioner / Family Pensioner once a year)

Certified that I have seen the Pensioner / Family Pensioner

Thiru / Tmt _____

holder of P.P.O No. _____ and that he / she is alive on
this date.

Recent Passport
Size Photo
(colour)

**Specimen Signature of Pensioner /
Family Pensioner**

Signature of Attesting Officer

Name :

Place :

Designation :

Date :

Office Seal :

This certificate shall be attested by any one the following authorities:

1. Revenue Inspector of the area where the Pensioner / Family Pensioner resides.
2. Tahsildars and Deputy Tahsildars of Revenue Department
3. Gazatted Officers of the State Government.
4. Gazatted Officers of the Central Government.
5. Bank Managers of the Branch where the Pensioners / Family Pensioners receive Pension / family Pension
6. Pensioners / Family Pensioners staying abroad are permitted to produce this certificate with Identification Details duly signed by a Magistrate, a Notary, a Banker or a Diplomatic Representative of India that the Pensioner / Family Pensioner is alive.

ADDITIONAL INFORMATION OF PENSIONER / FAMILY PENSIONER-2023

1.	P.P.O. No.	:	<input type="text"/>																																	
2.	Name of Pensioner / Family Pensioner	:	<input type="text"/>																																	
3.	Expansion of Initials	:	<input type="text"/>																																	
4.	Date of Birth (with proof for Family Pensioners)	:	<input type="text"/>																																	
5.	Type of Pensioner	:	Civil Pensioner	<input type="checkbox"/>	Civil Family Pensioner	<input type="checkbox"/>																														
6.	Are you in receipt of Military Pension?	:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>																														
	If Yes, specify Family Pension opted.		Civil Family Pension	<input type="checkbox"/>	Military F.P	<input type="checkbox"/>																														
7.	Bank Details																																			
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	(b)Branch Name	<input type="text"/>																																		
	(c) IFSC Code	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>										<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>													
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8.	Other Details																																			
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9. Contact Details

(a) e-Mail Address	:	
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(b) Landline No	:	<table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> </tr> </table>										
If available												

(c) Mobile No.	:	<table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> </tr> </table>										

10. Blood Group	
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11. Address with Pin Code	<table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> </tr> </table>														

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PIN Code	<table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> </tr> </table>					

Signature of Pensioner / Family Pensioner

Note : 1. All Columns should be filled without any omission

NON-EMPLOYMENT / RE-EMPLOYMENT CERTIFICATE-2023

(To be submitted by Pensioner / Family Pensioner once a year OR at the time of employment / re-employment)

I declare that I have not been serving in any capacity either in a State or Central Government or a Government Undertaking or a Government Corporation or an Autonomous Body or a Local Fund.

OR

I declare that I have been employed / re-employed in the office of _____ and was in receipt of the following monthly rates of emoluments during the year ended _____ or during the months of _____ within the said years.

- (i) Pay in the Pay Band
- (ii) Grade Pay
- (iii) Dearness Allowance
- (iv) Other Allowance
(like HRA/CCA/MA etc.)

OR

- (i) Honorarium / Consolidated Pay / Other (Specify)\

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

OR

I declare that I have not accepted employment under Government outside India.

OR

I declare that I have accepted employment under a Government outside India after obtaining the previous sanction of the Government and none of the conditions attached by the Government has been deviated from without obtaining previous sanction of the Government.

Signature of the Pensioner / Family Pensioner

Place:

Name:

Date:

P.P.O. No.

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

Signature of Attesting Officer

Place:

Name:

Date :

Designation:
Office Seal:

NON RE-MARRIAGE / NON MARRIAGE CERTIFICATE-2023

(To be submitted by Family Pensioner once a year OR in the event of
remarriage / marriage of family pension)

I hereby declare that I have not married and that I have not been married during the past year.
OR

I hereby declare that I have not re-married / married and I undertake to report such an event promptly to the Treasury / Bank concerned.

Signature of the Family Pensioner

Place:

Name:

Date:

P.P.O. No.

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

Signature of Attesting Officer

Place:

Name:

Date :

Designation:

Office Seal:

This certificate shall be furnished by the recipient of family pension.

1. Widow / Widower
2. The eligible daughter / son who have not attained the age 25 years.
3. The eligible daughter including widowed / divorced daughter who is suffering from any disorder or disability of mind (including mentally retarded) or physically crippled or disable so as to render her unable to earn a livelihood even after attaining the age of twenty five years.
4. The eligible unmarried / widowed / divorced daughters above the age of twenty five years.

2023

CONCURRENCE FORM-2023

Government letter No.29168/Pen/2002-8, Finance (Pension) Department,
dated: 03.01.2003.

Thiru/ Tmt. _____ is an account
holder of Savings Bank Account No. _____ in our
Bank. We accept to collect the pension to his Savings Bank Account.

2. Certified that this is an individual account and not either or survivor account or
joint account.

Postal address and Phone No.

**SIGNATURE OF THE
BRANCH MANAGER WITH BANK NAME & SEAL.**