

Life Certificate

This is to certify that the undersigned, spouse, parents and dependent children (strike off whichever is not applicable) as listed under is/are alive, as on _____:

Name of Spouse:

Name of Father:

Name of Mother:

Name of dependent child 1:

Name of dependent child 2:

I certify that the above list of dependents is true to the best of my knowledge and belief. I also undertake to intimate office immediately if there is any change in the dependency status of above family members.

I also understand that if any medical claim submitted is found to be forged, altered or manipulated with intent to defraud the corporation, I along with my dependents shall be liable to be debarred from medical benefits under the scheme for the rest of my life.

(Signature)

Name of retired employee: _____

Designation: _____

Emp. No. (while in service): _____

Medical Card No.: _____

PAN Card No.: _____

Aadhar Card No.: _____

Residential Address: _____

Email Id: _____

Mobile No.: _____