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CONSOLIDATED CERTIFICATE TO BE SUBMITTED AT THE TIME OF ANNUAL IDENTIFICATION

To be submitted by the pensioner to the PDA

LIFE CERTIFICATE FOR INFIRM/RE-EMPLOYED PENSIONERS

Certified that Shri / Smt. holder of PPO No. is alive on this date i.e.

Signature / Thumb Impression of pensioner Signature with Office Stamp of re-employer/Signature of the Gazetted Officer for infirm Pensioners

H.O. No.

Name of PDA

NON EMPLOYMENT/NON-RE-EMPLOYMENT

I declare that I am not serving in any capacity either in a Govt. Department/Office, Company, Corporation, autonomous body or society of Central/State/U.T./Local body.

OR

I declare that I have been employed/re-employed in the Office of w.e.f. which is partly/fully financed by Central/State/U.T./Local body.

H.O. No.

Signatures of the Pensioner

P.D.A.

PPO. No.

Name

NOTE : Score out whatever is not applicable.

DECLARATION OF NON-MARRIAGE/NON-RE-MARRIAGE

I hereby declare that I am not married / remarried.

I have got married/remarried on with

.....
(Name of spouse and address).

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

Signature/Thumb
impression of the pensioner

Name

PPO No.

H.O. No.

P.D.A.

Form for Medical Allowance

I hereby declare and undertake that I am entitled to Medical facilities under CGHS or other similar scheme/ Armed Forces Hospitals/MI Rooms but I am residing in an area where no such medical facilities are available.

My residential address is: Village/ Mohalla

P.O. Distt. Pin.....

Signature/Thumb
impression of pensioner

Name

PPO No.

S.B.A/C/H.O. No.