

LIFE CERTIFICATE

(CERTIFICATE TO BE SUBMITTED BY THE PENSIONER)

Certified that I have seen the Pensioner Mr./Mrs./Miss. _____

holder of PPO No. _____ ® and he/she is alive.

PLACE: _____

SIGNATURE _____

SIGNATURE OF
PENSIONER

SIGNATURE AND SEAL OF
MEDICAL OFFICER/T.O./
GAZETTED OFFICER