

FORMAT - I

LIFE CERTIFICATE

(To be submitted once a year)

Certified that I have seen the Pensioner..... holder of Pension Payment order No..... and that he is alive in this date.

Place:

Name.....

Designation of the Authorised Officer

.....

FORMAT - II

NON-EMPLOYMENT/RE-EMPLOYMENT CERTIFICATE

(i) I declare that I have not been serving in any capacity either in government Department/office, Company Corporation/Autonomous body or Society of Central or state Government or union territory or a local Fund during the year ended November.....

OR

(ii) I declared that I have been employed in the .....which is financed by Government and was in respect of the following monthly rates of emoluments during the year ended November.....or during the month of ..... falling within the said year.

- (a) Pay Rs.....
- Grade Pay Rs.....
- Allowance Rs.....
- (Including DA/ADA etc.

OR

- (b) Honorarium Rs.....

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

Place:

Signature.....

Name of Pensioner.....

CERTIFICATE OF RE-MARRIAGE/NON-MARRIAGE

I hereby declare that I am not remarried/married during the past six months and undertake to report such an event promptly to the pension Disbursing Authority.

(Applicable for widow recipient of family pension and to be furnished only once and for others six monthly in May and November)

Place:

Signature.....

Date:

Name of the pensioner.....

P.P.O No.....

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

Signature of a responsible  
Officer or a well known

Place:

Person.....

Date:

Name.....

Designation.....

Annexure-IX

LETTER OF UNDERTAKING BY THE PENSIONER

To,

The Branch Manager

Date.....

\_\_\_\_\_  
\_\_\_\_\_

Dear Sir,

Payment of pension under PPO No..... through your office.

In consideration of your having at my request, agreed to make payment of pension due to me every month credit to my account with you, I, the undersigned agree and undertake to refund or make good any amount to which I m not entitled or any amount which may be credited to may account in excess of the amount to which I am or would entitled. I further hereby undertake and to bind myself and my heirs, successors, executors and administrators indemnify the bank from and against any loss, suffered or incurred by the bank in so crediting my pension to my account under the Scheme and to forthwith pay the same to the bank and also irrevocable authorize the bank to recover the amount due by debit to my said account or any other account belonging to me in the possession of the bank.

Yours faithfully

Signature:.....

Name:.....

Address:.....

Witness:

(1) Signature.....

(2) Signature.....

Name.....

Name.....

Address.....

Address.....

Date.....

Date.....