



ANNUAL LIFE CERTIFICATE

(To be submitted by ex-employee/member beneficiary at the beginning of the financial year)

1. Employee No. : _____

2. Name of the Ex-employee/ member beneficiary

(in case of deceased employee) : _____

[The below mentioned Form should be signed on or after 1st of April of every financial year by the Ex-employee/ Member beneficiary (in case of deceased employee) and ATTESTED by any of the following official(s):

Bank Branch Manager/ Gazetted Officer / Registered Medical Practitioner / Post Master / School or College Principal / Class-I Officer of any Government or Semi Government or Quasi Government or Government Undertaking or Public Sector Undertaking/GAIL Executive]

"I, _____ hereby certify that Shri/Smt. _____ Spouse/Son/Daughter/ of _____ personally appeared before me on _____ and has signed in my presence and his/her signature is attested below. I am fully satisfied about his/her identity".

Dated at _____ this _____ day of _____ 20____.

Signature of the Ex-employee

Counter Signature of

Member _____

**Certifying Authority
(Stamped)** _____

**Name:
Designation:**

Address:

Office Address:

**Contact Number:
ID No.:**

Ex-employee's / Member beneficiary's email ID: _____

Residential Telephone Number: _____

Mobile Number: _____
