

PROFORMA FOR LIVE CERTIFICATE

I Dr/Sri/Smt _____ do hereby declare that I retired from the service and presently residing at the address mentioned below:

1. Name of Institution from where retired _____
2. Date of retirement/death _____
3. Name of post from which retired _____

Address

1. Name _____
2. Father's /Husband's Name _____
3. Postal Address _____
4. Contact No. _____

Signature

Signed by _____ in my presence on _____

Certified by Assistant Comptroller/ Concerned Unit Head

Note:

1. Signed in presence of Comptroller/ Assistant Comptroller (Fund), Dr.RPCAU, Pusa
Or
Certified by a registered Medical Officer
Or
Certified by concern Bank Manager from which you are drawing pension