

DR RAJENDRA PRASAD CENTRAL AGRICULTURAL UNIVERSITY, PUSA
SAMASTIPUR - 848125 (BIHAR)

LIFE CERTIFICATE
जीवन प्रमाण पत्र

- 1 Name of the Pensioner/Family Pensioner
पेंशनधारी/ पारिवारिक पेंशनधारी का नाम _____
- 2 Father's/ Spouse name
पिता/पति/पत्नी का नाम _____
- 3 Date of retirement/ Death
सेवा निवृत्ति/मृत्यु की तिथि _____
- 4 Name of Institute from where retired
संस्थान जहाँ से सेवा निवृत्त हुए हो _____
- 5 Name of post at the time of retirement
सेवा निवृत्ति के समय का पदनाम _____
- 6 Correspondence Address
पत्राचार का पता _____
- 7 Mobile Number
मोबाईल नम्बर _____
- 8 e-mail Address
ई-मेल पता _____

Signature of Pensioner/ Family Pensioner
पेंशनधारी/ पारिवारिक पेंशनधारी का हस्ताक्षर

Certificate

Certified that the Pensioner/ Family Pensioner is alive and has signed before me.

Date _____

Signature of certifying Authority with seal

Certifying authority may be as under

1. Dean/ Director/ Comptroller/ Assistant Comptroller, Dr.RPCAUC, Pusa
Or
2. Registered Medical Officer
Or
3. Bank Manager from where you are drawing pension