



## Life Certificate <sup>[35]</sup>

### **TO BE SUBMITTED BY CPRMSE BENEFICIARY IN NOVEMBER EVERY YEAR**

**A.** This is to certify that Shri \_\_\_\_\_, and Smt. \_\_\_\_\_ holder of the Post-Retirement Medical Card Number (Couple Membership): \_\_\_\_\_ residing at \_\_\_\_\_ are known to me and alive at the time of issuing this certificate.

**OR**

**B.** This is to certify that Shri / Smt. \_\_\_\_\_ husband / wife of Shri/Smt. \_\_\_\_\_ holder of the Post-Retirement Medical Card Number (Single Membership): \_\_\_\_\_ residing at \_\_\_\_\_ are known to me and alive at the time of issuing this certificate.

*\*Strike off whichever is not applicable*

**The signature/s of the above mentioned person(s) is /are attested hereunder:**

*(Note: In case of couple membership signature of both beneficiaries i.e. ex-employee and spouse is mandatory)*

**Signature of Retired executive**

Name (Shri/ Smt) :  
Contact No :  
Aadhaar Card No :  
Date : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DD / MM / YYYY

**Signature of spouse**

Name (Shri/ Smt) :  
Contact No :  
Aadhaar Card No :  
Date : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DD / MM / YYYY

\_\_\_\_\_  
Signature of Registered Medical Practitioner with Reg. No OR  
Gazetted Officer of Central/ State Govt. OR

The Branch Manager of the Bank where the retired executive/ spouse is holding S.B A/c OR  
Any officer of the company from where the medical facility is obtained  
**with seal/ stamp**

### **DECLARATION**

**\*I/We hereby declare that I/we meet all the eligibility criteria as per the CPRMS-E Policy clause No. 02 and declare that if any facts to the contrary are detected, the Company (CIL or Subsidiary Company) shall be free to cancel said benefits without any further reference to me/us.**

Place: \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature of the Beneficiary**

<sup>35</sup>Amended vide OM No.CIL/C5A(PC)/CPRMSE/694 dated 02.07.2021. Earlier amended vide OO No. CIL/C-5C/125/CPRMSE/222 dated 14.11.2013.