

FORMAT - D



A Maharatna Company

LIFE CERTIFICATE

To whom it may Concern

This is to certify that Shri _____

Son of Shri _____ and Smt. _____

Wife of Shri _____ residing at _____

are/is known to me and alive at the time of issuing this certificate.

The certificate is issued for release of payment under Contributory Post Retirement Medicare Scheme for Non-Executives.

The Signature/s of the above mentioned person/s is/are attested hereunder.

Signature of separated Non-Executive Shri/Smt. _____

Signature of spouse _____

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

Date : _____

Registration No. of Medical Card : CPRMSE/_____

Note : Please note that in case of couple membership, signature of the non-executives and their spouse is mandatory.