SAVITRIBAI PHULE NATIONAL INSTITUTE OF WOMEN AND CHILD DEVELOPMENT 5, Siri Institutional Area, Hauz Khas, New Delhi - 110016

ANNEXURE V I See paras 15.1, 15.2, 15.3 and 22.7

CERTIFICATES TO BE SUBMITTED BY PENSIONER

I. LIFE CE	ERTIFICATE	
Certified that Pension Pay	at I have seen the Pensioner	(Name of pensioner) holder of and that he is alive on this date.
SB A/C NO		
Place : Date :	Desig	Name nation of authorized Officer Seal
I. NON E	MPLOYMENT / RE-EMPLOYMEN	T CERTIFICATE
i)	Company, Corporation, autonomous be	any capacity either in a Government department/ Office, dy or Society of Central or State Government of Union ing RBI and the SBI or a Local Fund during the year ended
	I declare that I have employed in the of financed by rates of emoluments during the year end within the said year : a) Pay Special Pay Allowances (including DA etc)	Government and was in receipt of the following monthly ed November, 20 or during the month of falling
	b) Honorarium Further, that the orders of my re-em Abeyance during the re-employmen	oloyment do/do not stipulate my pension being held in period.
*(ii)	I declare that I have accepted common sanction of the Central Government Government has been violated.	commercial employment in India reial Employment in India, after obtaining previous and none of the conditions, if any, attached thereto by creial Employment in India without obtaining the
NOTE: Th	nis declaration is required to be given for	a period of two years from the date of retirement.
*(iii)		employment under a Government outside India/ an

International Organisation of which the Government of India is not a member.

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I declare that I have accepted employment under a Government outside India, an International Organisation of which Govt. of India is not a member, without obtaining the previous sanction of the Central Govt.

Pla	Signature
ъ	Name of the Pensioner
Da	tte : PPO No.
*	Certificates at (ii) and (iii) are to be furnished only by retired Group "A" Officers.
Ш	. CERTIFICATE OF NON RE-MARRIAGE / NON-MARRIAGE
	I hereby declare that I am not married/I have not married during the past six months.
	OR
*	I hereby declare that I have not been re-married and I undertake to report such an event promptly to the Pension Disbursing Authority/Bank.
*	Applicable only for widow recipient of family pension and to be furnished only once.
D.	ce : Signature
Pla	realite of the rensioner
Dat	PPO No.
I ce	ertify to the best of my knowledge and belief that the above declaration is correct. Signature of a responsible feer or a well-known person.
Plac	ce :
Dat	e : Name
	Designation