

Under Certificate of Posting

Ref. No: AEES/Life Cert/F-Pen No. /2011-12/ Date: / /2011

To

Sub: Certificates/declarations to be furnished
by the Pensioners/Family Pensioners.

Dear Sir/Madam,

You are requested to submit the following yearly certificates/declaration as applicable to be submitted by the Pensioner/Family Pensioners by 10th of November 2011.

Sr. No.	Annexure	Certificate	To be submitted by
1	A	Life Certificate	All Pensioner's / Family Pensioner's
2	B	Non Employment/ Re-Employment	All Pensioner's / Family Pensioner's
3	C	Re- marriage/ Non- marriage	Only Family Pensioner's
4	D	Declaration for Medical Allowance	Those who are drawing Fixed Medical Allowance @ Rs.300/- per month.

The submission of these enclosed certificates is a statutory requirement as per rule for drawal of Pension/Family pension. The certificates as applicable in your case is/are only sent for submitting to this office after duly filled in, signed and attested by a Gazetted Officer/ Drawees pension drawing Bank on or before 10th of November 2011.

A statement showing pension drawn for the period from April 2011 to August 2011 is also enclosed herewith for information.

Your early action is requested please.

Thanking you,

Yours faithfully,

(P Ravi Babu)
Asst. Accts. Officer

Encl.: As above.

पेशनरो का विवरण PARTICULARS OF THE PENSIONERS

(पेशनर/पारिवरिक पेशनरो द्वारा भरा जाए) (To be completed by the Pensioner/ Family Pensioner)

1. पेशनर का नाम Name of the Pensioner _____
2. पी.पी.ओ.क्रमांक तथा दिनांक
P. P.O Number and Date _____
3. पेशनर बैंक लेखा संख्या
Pensioner's Bank Account Number _____
4. बैंक कूट संख्या Bank Code Number _____
5. बैंक का पूरा पता Bank Address
(पिन कोड संख्या सहित)
(In full with Pin code number) _____
6. बैंक का दुरभाष/फैक्स संख्या
Telephone/Fax no of the Bank _____
7. पेशनर का वर्तमान पता
Present Address of the pensioner
(पुरा पता, पिन कोड संख्या सहित)
(In full with Pin code number) _____
8. दुरभाष क्रमांक/चल दुरभाष क्रमांक
Telephone/ Mobile Number
(एस.टी.डी.कूट सहित) (with STD Code) _____
9. PAN Card No. पॅन कार्ड सं.
(Xerox copy enclosed) छायाप्रति संलग्न _____

पेशनर का हस्ताक्षर (Signature of the pensioner)

नोट Note:

1. बैंक से पेशन के मासिक भुगतान के लिए उपरोक्त सुचना समय पर प्रस्तुत की जाए।

The above information may be furnished in full to arrange monthly payment of pension through bank in time.

2. बैंक कूट संख्या, शाखा का पता, पेशनर बैंक लेखा संख्या मे यदि कोई परिवर्तन हो तो प्रपत्र भरने के पहले उसकी पुष्टी कर ले।

Changes, if any in Bank Code Number, Branch address, Pensioner's bank account etc. may be confirmed from the bank, before completing the format.

जीवन प्रमाण पत्र LIFE CERTIFICATE

प्रमाणित किया जाता है कि मैंने पेशन भुगतान अदेश संख्या धारक _____

Certified that I have seen the Pensioner/ Family pensioner _____

पेशनर/पारिवरिक पेशनर का नाम _____ को देखा है तथा वह इस दिनांक को जीवित है।

(Name of the Pensioner/ Family pensioner), holder of Pension Payment Order No. _____

_____ and that he/she is alive on this date.

नाम Name : _____

अधिकृत अधिकारी का पदनाम _____

Designation of The Authorised Officer: _____

हस्ताक्षर तथा मोहर Signature with Seal : _____

स्थान PLACE: _____

दिनांक DATE: ____/____/2011.

NON - EMPLOYEMENT/ RE-EMPLOYMENT CERTIFICATE

1. (A) I declare that I have not been serving in any capacity either in a Govt. Department /Office, Company, Corporation, autonomous body or Society or Central or State Government or Union Territory or a Local Fund during the year ended November 2011.

OR

(B) I declare that I have been employed/ re-employed in the office _____ which is a part of / financed by _____

Govt. and was in receipt of the following monthly rates of emoluments during the year ended November 2009 or during the month of _____ falling within the said year:

(i) Pay :
Grade Pay :
Allowance :
(including DR,ADR etc.)

OR

(ii) Honorarium :

Further, that the orders of my re-employment do / do not stipulate my pension being held in abeyance during the re-employment period.

2. I declare that I have not accepted any commercial employment in India.

OR

I declare that I have accepted commercial employment in India, after obtaining previous sanction of the Central Government and none of the conditions, if any, attached there to by Government has been violated.

OR

I declare that I have accepted Commercial Employment in India without obtaining the sanction of the Central Govt.

Note: This declaration is required to be given for a period of two years from the date of retirement.

3. I declare that I have not accepted employment under a Govt. outside India/ an International Organisation of which the Govt. of India is not a member.

OR

I declare that I have accepted any employment under a Govt. outside India/ an International organization of which the Govt. of India is not a member after obtaining the previous sanction of the Central Govt. and none of the conditions attached thereto by the Government has been deviated from.

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

Signature :

Name of the Pensioner:

Pension Payment Order No:

Place: _____

Date: / /2011

Certificate of re-marriage / non-marriage

I hereby declare that I have not got remarried 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)

OR

I hereby declare that I am not married/ I have not got married during the past six months.

(To be submitted by widowers and unmarried daughters once in every six months in May and November)

Signature: _____

Name of the pensioner: _____

P.P.O.No.: _____

Place : _____

Date: _____

I certify to the best of my knowledge and belief that the above declaration is correct.

Signature of a responsible Officer
Well- known person _____

Name _____

Designation _____

Place: _____

Date: / /2011.

DECLARATION

I _____ a retired employee of _____ (Office address) _____ declare that, I am residing at _____

_____ (Residential address as indicated in the PPO) _____ which area is not covered under CGHS or any corresponding Health Scheme administered by the Ministry/Department of _____, (as the case may be). I have also not obtained and do not wish to obtain a CGHS/CHSS card and avail outdoor facilities under CGHS / Contributory Health Service Scheme of other Ministries/ Department of Atomic Energy from any dispensary situated in an adjoining area.

Signature _____

Name of the Pensioner _____

Sanction Order No.: _____

Date : _____

P.P.O. No. : _____

Date : _____

Name _____

Designation of
The Authorised Officer: _____

Signature with Seal : _____

PLACE: _____

DATE: / /2011.