



## LIFE CERTIFICATE

### 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**