



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) :

Emp Code:

Contact No

Aadhaar Card No

Date _____ / _____ / _____
DD / MM / YYYY

Signature of Spouse

Name (Shri/ Smt) :

Emp Code:

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

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 (SCCL) shall be free to cancel said benefits without any further reference to me/us.**

Certified that myself and/or my spouse are not availing any medical facilities from or through the Central/State Govt./Public Sector Undertaking/Quasi Govt. Body or any Medical Insurance Company either in individual capacity or as dependent.

Place: _____

Date: _____



Signature of Retired Executive

Signature of the Spouse