Date of	BirthLIF	E CERTIFICATE New SB/CA A/C.No	
		Pension Book No./File No	
Certifi ed	d that I have seen Pensioner Sh./Sm	t	
holder o	of PENSION PAYMENT ORDER	(Name of Pensioner) NO and that he/she is alive on thie date	
		Name of authorised officer/Verifying officer Designation of Authorised	
Date:		Officer(Seal) S.S.No	
Pension	er's Signature	Officer of the Reserve Bank of India/State Bank of India are Authorised to sign this Certificate	
Form of (1)		ng in any capacity either in a Govt. Department/Office, Company, Society of Central or State Govt. or Union Territory or a Local Fund during	
(a)	fin anced by was i	OR nployed in the office of which is a part of / Government and n receipt of the following monthly rates of emoluments during the half year or during the months of falling within the said half	
(b)	Honorarium	OR	
		nt do not stipulate my pension being held in abeyance during the re-	
(2)	_	ny commercial employment in India. OR	
(3)	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 thereto by Government has been violated. Note:- This declaration is required to be given for a period of two years from the date of retirement. I declare that I have not accepted employment under a Government Outside India / an International Organisation of which Government of India is not a member. OR I declare that I have not accepted employment under a Government Outside India / an International organization		
	of which Government of India is n	ot a member after obtaining the previous sanction of the Central Government d thereto by Government has been violated.	
PLACE	·	SIGNATURE:NAME OF PENSIONER	
DATE:		P.P.O. NOSAVING BANK/CURRENT A/C.NO AddressPhone No	

(See para 25.1 page 18)

CERTIFICATE OF RE-MARRIAGE/MARRIAGE

I hereby declare that I have not got re-married and I undertake to report such any 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 / have not got married during the past six months. (To be submitted by widowers and unmarried daughters once every six months my May and November)

	Signature Name of the Pensioner P.P.O
Place:	
Date:	
	I certify to the best of my knowledge and belief that the above declaration is correct.
	Signature of a responsible Officer or a well-known person
Place:	Name:
Date:	Designation