

ANNEXURE III (A)
CERTIFICATE TO BE SUBMITTED BY PENSIONERS / FAMILY PENSIONERS
I. LIFE CERTIFICATE

Certified that I have seen the Pensioner / Family Pensioner Smt./Shri/Dr. _____ holder of Pension Payment Order no. _____ S.B. Account No. _____ and that he / she is alive on this date.

**Signature of Sarpanch / Dist. Treasury Officer/
Treasury Officer / Gazetted Officer /
Bank Manager, SBI/Post Master/Sub-Post Master**

Place :
Date :

Name & Designation of the Signatory with Official Seal

Note: If a Gazetted Officer, it should be attested only if in service.

ANNEXURE – III (B)
II. NON-EMPLOYMENT CERTIFICATE

• I declare that I have been employed / re-employed /not employed in the office _____ and was in receipt of the following emoluments during the period _____

• I declare that I have accepted/not accepted commercial employment after obtaining /without obtaining sanction of the Government to be furnished by Gazetted Officer during first two years from the date of retirement.

• I declare that I have not accepted any employment under any Government outside India after obtaining /without obtaining sanction of the Government [to be furnished by Gazetted Officer only]

Delete whichever is not applicable. /** to be specified

Place : **Signature /LTI of the Pensioner**

Date : Name of the Pensioner : _____

Address : _____

PPO No : _____ Phone No : _____

Aadhar No : _____ PAN No : _____

[To be submitted by Family Pensioners]

ANNEXURE – III (C)
III. CERTIFICATE OF NON-REMARRIAGE

I hereby declare that I have not been remarried during the past one year.

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

Date : **Signature /LTI of the Pensioner**

Name of the Pensioner: _____ widow of Late _____

_____ (NITW FPO No. _____)

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

**Signature of Sarpanch / Public representative/
Revenue authorities / any Gazetted Officer / Notary Public/
Treasury Officer / Bank Manager, SBI/Post Master/Sub-Post Master**

Place :
Date :

Name & Designation of the signatory with Official Seal