

# Atal Medical & Research University (AMRU)

SLBS Medical College & Hospital Campus, Ner Chowk, Mandi, H.P.

## PENSION

### CERTIFICATE TO BE SUBMITTED BY PENSIONER

#### **1. LIFE CERTIFICATE:**

Certified that I have seen the pensioner (Name of the Pensioner Sh/Smt. \_\_\_\_\_) holder of Pension Payment Order No.(P.P.O.) \_\_\_\_\_ and that he/she is alive on this date.

(Signature of Pensioner)

Phone No: \_\_\_\_\_

Place: \_\_\_\_\_

Name & Signature \_\_\_\_\_

Date: \_\_\_\_\_

Designation of authorized officer \_\_\_\_\_

Seal \_\_\_\_\_

#### **2. NON EMPLOYMENT CERTIFICATE:**

i) I declare that I have not received any remuneration for serving in any capacity in an establishment of the Central Govt. or a State Govt. undertaking or from a local Fund during the period November to April 20\_\_\_\_, May to October \_\_\_\_\_.

ii) I declare that I have been employed/re-employed in the office of \_\_\_\_\_ and was in receipt of the following emoluments during the period to be specified. \_\_\_\_\_

iii) I have not taken any Govt. employment and undertake to inform the University, if I will seek re-employment.

Address: \_\_\_\_\_ Signature \_\_\_\_\_

Name of the Pensioner: \_\_\_\_\_

Place: \_\_\_\_\_ Date: \_\_\_\_\_

P.P.O.No. \_\_\_\_\_

#### **3. CERTIFICATE OF RE-MARRIAGE (In case of family pensioner only)**

I hereby declare that I have not remarried after the death of my husband/wife, who was a pensioner of University. I undertake to inform the University in case such event takes place.

Place: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

P.P.O.No: \_\_\_\_\_

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

\_\_\_\_\_  
Name \_\_\_\_\_

Designation \_\_\_\_\_