



LIFE CERTIFICATE

To whom it may concern

This is to certify that Shri _____ son of
_____ / Smt _____ wife of
_____ residing at
_____ is known to me.

Shri/Smt _____ is alive at the time of issuing this certificate. This certificate is issued for release of payment for outdoor/domiciliary treatment. The signature of Shri/Smt _____ is attested hereunder.

Shri/Smt _____

Signature Attested

Signature of Registered Medical Practitioner with Reg. No. OR
Gazatted 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

Date