**ANNUAL LIFE CERTIFICATE (For all Service/Family Pensioners)**

**I (Name and address of the certifying authority) ……………………………………..**

**………………………………………..……………………………………………hereby**

**certify that Sri./Smt( Name of the pensioner)………………………………………….**

**whose signature / thumb / great toe impression given below is alive on this date and**

**that I have not issued any Life Certificate to this pensioner during the last twelve**

**months.**

**Address of the pensioner :**

**……………………………………………**

**……………………………………………**

**.**

**……………………………………………**

**…………………………………………….**

**Phone Number : Land line : …………………………........................**

**Phone Number: Mobile \* ..…………………………...............................**

**Email address \*…………………………………………………………………………..**

**Thumb/Signature of the pensioner (Signature with date)**

 **Designation of the Attesting Officer**

(Office Seal)

**\* Mandatory**

 **(മലയാളം പരിഭാഷയ്ക്കായി മറുപുറം കാണുക )**