Single of Cholers	CERTIFICATE TO BE SUBMITT	
CPPCS.	ता है श्री च	FICATE
* PA /CMP	\(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\fraca	
1.31.30	Certified that I have seen the Pensioner Sri/Smt./Dr	
	Son / Daughter / Wife / Husband of	holder o
1	PPO No. & Dateand th	hat he/she is alive on this date.
	-	
)	SIGNATURE / LTI OF THE PENSIONER	W X
	SIGNATURE / LIT OF THE PENSIONER	Signature of the Authority Officer
	Date :/20	Designation with seal & SS No.
E	Bank A/c. (PENSION) No	
A	Address:	
F	PIN TEL:	
2.	NON-EMPLOYMENT	
	/ Autonomous Body or Society of Central of State ending	
IV	I undertake to inform the Bank promptly on accepting any employ	ment. X
Date:		SIGNATURE OF THE PENSIONER
2	DE EMBLOVAMENT CERTIFICATE	
T.	RE-EMPLOYMENT CERTIFICATE I declare that I have accepted Commercial employment in India a and none of the conditions. If any, attached therein by the Governin para-III OR I declare that I have taken employment in	rnment has been violated and I am drawing salary as mentioned
	Address	
	as	and I am drawing salary as mentioned in Para-III
	Basic PaySpecial Pay	
	Other allowances	OR
	Honorarium	
pension.	I declare that I am not getting any increment or allowance on a	account of my previous employment for which I am drawing this
	I further declare that the order of my employment or the pensice my pension in full or any part component being held in abeyance	
	gatherine -	X

Date :

SIGNATURE OF THE PENSIONER

5. l	ノロンレロ	TAKING

- I. I undertake to self asses, pay Income Tax and file the Income Tax Return in respect of my pension, if required and inform the Bank.
- II. I hereby undertake to refund any excess payment credited to my account due to delay in receipt of any information or any bonafide error pertaining to payment of my monthly pension and authorize Bank to recover such excess payment from my account and / or the pension payable to me.
- II. I certify to the best of my knowledge and belief that the above declarations are correct.

Place		X			
Date :		SIGNATURE OF THE PENSIONER	SIGNATURE OF THE PENSIONER		
Pensioner's Aadhaar No.	a "	Name			
Pensioner's PAN No					
Pensioner's Land Line No					
Date :					
Place :	4				
8					
		* X			
	5000	SIGNATURE OF THE PENSIONER			
		FOR USE AT THE BRANCH			
NAME OF THE BANK :					
Name of the Branch :					
5 - Ki	~				
		Signature of the Authorised officer verified. Signature / L.T.I. of Pensioner verified. I certify to the best of knowledge and belief the above declaration is correct.			
Date:	*.*.	SEAL			