#### ANNEXURE H

(See Para 13.1 to 13.5)

## CERTIFICATES TO BE SUBMITTED BY PENSIONER

## I. Life Certificate

Certified	that	I	have	seen	the	pensioner
			(Name o	f the Pensi	oner) holde	er of Pension
Payment Order No		and t	hat he/she	is alive on t	his date.	
Signature of the per	nsioner					
		Signat	ture			
		Name	and Design	ation of the		
		Autho	rized Office	r		
		(Seal)				
Place:						
Date:						
Change of Address	if any:-					

#### Non-Employment /Re-Employment Certificate II

(i)	I declare that I have not been serving in any capacity either in a
Governme	ent Department / Office, company, corporation, autonomous body or Society
of Centra	l or State Government or Union Territory or a Local Fund during the half
year er	nded May/November, 20
OR	
	I declare that I have been employed/re-employed in the
	Office Which is a part of / financed
	by Govt. and was in receipt of the following
	monthly rates of emoluments during the half year ended May/November,
	20 Or during the month of falling within the said half year.
	(a) Pay
	Special Pay
	Allowances (including DA., ADA etc.)
OR	
(b)	Honorarium
	Further , that the orders of my re-employment do/do not stipulate my
	pension being held in abeyance during the re-employment period.
OR	

*(ii) I declare that I have not accepted any comm	nercial employment in India.
OR	
I declare that I have accepted commercial emp previous sanction of the Central Government ar attached thereto by Government has been viola	nd none of the conditions, if any,
Note: this declaration is required to be given date of retirement.	for a period of two years from the
*(iii) I declare that I have not accepted any employ India /	ment under a Government outside
an International Organisation of which the member .	ne Government of India is not a
OR	
I declare that I have accepted employment under International Organisation of which Government obtaining the previous sanction of the Central Gover attached thereto by the government has been deviate	of India is not a member after rnment and none of the conditions
	Signature
Place:	
	Name of the Pensioner
Date:	P.P.O. No
*Certificates at (ii) and (iii) are to be furnished	only by retired Group A Officers.

# III Certificate of Non-Re-Marriage / Non-Marriage

months.	
OR	
*I hereby declare that I have not b event promptly to the Treasure / bar	een re-married and I undertake to report such an ık.
*Applicable only for widow recipient	of family pension and to be furnished only once.
	Signature
	Name of the Pensioner
Place:	P.P.O
Date:	
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.
Place:	Name :
Date	Designation:
* Strike off if not applicable	

I hereby declare that I am not married / have not been married during the past six