



**FORMAT - 6**

..... <b>STAFF PENSION*</b> <b>(GENERAL PENSION)</b>		<b>Customer ID</b>	
..... <b>FAMILY PENSION*</b>		<b>S B A/C No</b>	

(\*Please /as applicable)

**LIFE CERTIFICATE**

***(To be submitted by the Pensioner once in a year in November)***

Certified that I have seen the pensioner .....  
(name)

.....  
.....(address) holder of PPO No..... and  
that he /she is alive on this day. His / Her AADHAAR No .....

(Signature of the Pensioner/Family Pensioner with date)

(Signature with office seal)

Date:..... Name:.....

Place:..... Designation:.....Branch: UGB,,... ..