



State Bank of India

CERTIFICATES TO BE SUBMITTED BY PENSIONER

BRANCH NAME : _____ BRANCH CODE : _____
SB/CA ACCOUNT NO.: _____
CATEGORY : DEFENCE / CENTRAL / RAILWAY / TELECOM /STATE/ OTHERS (Pl Specify _____)

I. LIFE CERTIFICATE

Certified that I have seen the Pensioner _____
holder of Pension Payment Order (P P O) No. _____ and A/c No. _____
that he/she is alive as on this date.

Signature of the pensioner

NAME:
PLACE:
DATE:

Signature of Authorised Officer

Date: _____
Name: _____
Designation: _____
Seal: _____

ADDITIONAL INFORMATION

I submit herewith additional details as under:
1. AADHAR No. : _____
2. Income Tax Permanent Account Number (PAN) : _____
3. (a) Mobile No.: _____
(b) Alternate Mobile No.: _____
4. Date of birth of the spouse : ____/ ____/ _____ (Proof of Date of Birth attached)

Signature of the pensioner:
Name:
S. B. Account No.:

II. NON-EMPLOYMENT CERTIFICATE

*I declare that I have not received any remuneration for serving in any capacity in the establishment of the Central Government or a State Government undertaking or from a Local Fund during the period November to April 20..., May to October 20....
*I declare that I have been employed/re-employed in the office of and was in receipt of the following emoluments during the period (to be specified).
*I declare that I have not accepted any employment under any Government outside India or Commercial Employment after obtaining/without obtaining sanctioning of the Director/CSIR (to be furnished by Class I Officer only).
*strike out whichever is not applicable.

Place : _____ Signature of Pensioner
Date : _____

III. CERTIFICATE OF RE-MARRIAGE / NON-MARRIAGE

I hereby declare that I am not married/I have not been re-married during the past six months and shall inform the Bank as soon as I marry/re-marry.

Place : _____ Signature of Pensioner
Date : _____
I certify to the best of my knowledge and belief that the above declaration is correct.

(Signature of the responsible officer or a well-known person)
Place : _____ NAME: _____
Date : _____ DESIGNATION: _____