



SIR GANGA RAM HOSPITAL : NEW DELHI

LIFE CERTIFICATE

Part - A

(To be submitted by ex-employee once a year in the month of February to H.R. Department)

Certified that I have seen Mr./Mrs. _____

Ex-_____ (*designation of ex-employee*)

(Emp. Code : GAA/GAB _____) and that he / she is alive on this date.

Signature of authorized person (<i>To be filled and signed in the month of February only</i>)	:	
Name of authorized person	:	
Designation of authorized person (<i>Patwari / Gazetted Officer / Bank Manager</i>)	:	
Seal of authorized person	:	
Date :		Place :

Part - B

(To be filled in respect of Spouse / Parent in case of Deceased Employee in the month of February to H.R. Department)

Certified that I have seen Mr./Mrs. _____

wife/husband/father/mother of Late Mr./Ms. _____

Ex-_____ (*designation of Deceased Employee*) (Emp.

Code : GAA/GAB _____) and that he / she is alive on this date.

Signature of authorized person (<i>To be filled and signed in the month of February only</i>)	:	
Name of authorized person	:	
Designation of authorized person (<i>Patwari / Gazetted Officer / Bank Manager</i>)	:	
Seal of authorized person	:	
Date :		Place :

P.T.O.



Ex-employee / Sr. Most eligible dependent to furnish following details

GA Code	:	
Name	:	
Address	:	
Phone Nos.	:	
Email ID	:	

Detail of dependent(s) as per Medical Photo Identity Card

S. No.	Name of dependent <u>Aadhaar Card No.</u> <u>Pan Card No.</u>	Relationship	Married/ Unmarried	Employed / Un- employed	Surviving (Yes/No)	If not surviving mention date of demise
1	----- -----					
2	----- -----					
3	----- -----					
4	----- -----					
5	----- -----					

Signature of ex-employee or
Signature of Sr. Most eligible dependent in case of deceased employee