

KIRORI MAL COLLEGE, DELHI-7
(UNIVERSITY OF DELHI)

CERTIFICATE TO BE SUBMITTED BY PENSIONER/FAMILY PENSIONER

LIFE CERTIFICATE

(To be furnished by Pensioner/Family Pensioner in the Month of November, each year)

Certificate that I have seen the Pensioner/Family Pensioner

(Name of the Pensioner/Family Pensioner)

Husband/wife/son/daughter of Mr./Ms. _____ retired/expired on

_____ holder of Pension/family pension from the Kirori Mal
College, University of Delhi and that he/she is alive on this date.

(Signature of Authorized Officer)

Name _____

Designation _____

(Authorized officer with rubber stamp)

Place _____

Date _____

NOTE: To be issued only by a Gazetted Officer or by a person of respectability in the town, village or pargana in which the pensioner resides)

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NON-EMPLOYMENT CERTIFICATE

(To be furnished by Pensioner/Family Pensioner in the Month of November, each year)

* I declare that I have not received any remuneration for serving in any capacity in establishment of Central Government/State Government, the University or its affiliated Colleges, Central Autonomous Bodies, Central/State public Sector Undertaking, R.B.I/Nationalized Banks L.L.C./G.I.C. etc. during the period from November 20__ to October 20__.

OR

I declare that I have been employed/re-employed in the office of _____ and was in receipt of the following monthly rates of emoluments from November 20__ to October 20__.

- (a) Pay Rs.....Sp. Pay Rs.Allowance
Rs.....(including D.A.,A.D.A. etc.)
- (b) Honorarium: - Rs.

Signature_____

Name of Pensioner_____

Postal Address _____

Mob. No._____

E-mail ID_____

Place _____

Date _____

Strike off whichever is not applicable.

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Yearly declaration of Female/Male Family Pensioner whose pensions are terminable on their marriage/re-marriage.

I hereby declare that I am not married and that I have not been married during the past year. I also hereby undertake that I will report immediately to the University if I get re-married.

Signature _____

Name of the Family Pensioner _____

Widow of the Late Sh. _____

Place:

Date:

I certify to the best of my knowledge and belief that the above declaration is correct.

Signature of the responsible officer
or well-known person

(Signature)

Name _____

Designation _____

Place:

Date: