

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

CERTIFICATE TO BE SUBMITTED BY 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. /M s_____retired/
expired on _____ University of Delhi, holder of
Pension from the 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 2015 to October 2016.

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 2015 to October 2016 .

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

Signature_____

Name of Pensioner_____

Postal Address _____

Tel.No. If any._____

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 office
or well known person

Signature

Name _____

Designation _____

Place:

Date