

PASTEUR INSTITUTE OF INDIA, COONNOOR – 643 103

LIFE CERTIFICATE

(TO BE SUBMITTED BY PENSIONER ONCE IN A YEAR IN NOVEMBER)

Certified that I have seen the Pensioner _____ (Name of the Pensioner) holder of Pasteur Institute of India, Coonnoor Pension Payment Order No. _____ and that he/she is alive on this date.

1. Present Address :

2. Telephone/Mobile No. :

3. E-Mail Address (if any) :

Signature/ Thumb Impression of
Pensioner/Family Pensioner :

Signature of the
Authorized Officer: _____
Name & Designation of
the Authorized Officer: _____

Seal: _____

Place :

Date :