

NATIONAL INSTITUTE OF VIROLOGY

राष्ट्रीय विषाणु विज्ञान संस्थान

20-A Dr Ambedkar Road, Post Box No 11, Pune 411001, India

20-ए, डॉ आंबेडकर, मार्ग, पोस्ट बॉक्स 11, पुणे-411001, भारत

LIFE CERTIFICATE

प्रमाणित किया जाता है कि मैंने पेनशनभोगी डा/श्री/श्रीमती/सुश्री
..... को, पेन्शन अदायगी आदेश सं का
धारक है, को देखा है और कि वे इस तारीख को जीवित है।

Certified that I have seen the pensioner Dr/Mr/Smt/Ms
.....holder of Pension Payment order No.....
and that he/she is alive on this date.

Signature of Pensioner.....	Signature of Officer with date
Bank Name	Name
Bank A/c. No.	Designation
Branch.....	Seal

Date of Birth :
Adhar Card No :
Pan Card No :
Telephone/Mobile Number :
Email id :
Address _____

Place :

Date :

Note: Any Change in the above information may please be intimated immediately to the office.

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NON EMPLOYMENT/ RE-EMPLOYMENT CERTIFICATE

- (1) I declare that I have not been serving in any capacity either in a Government Department /Office, Company, Corporation ,Autonomous Body or Society of Central or State Government or Union Territory or a Local Fund during the year ended November

OR

- (2) I declare that I have been serving in a Government Department /Office, Company, Corporation, Autonomous Body or Society of Central or State Government or Union Territory or a Local Fund during the year ended November The details are as under

- a) Name of the Organisation:
- b) Designation:.....
- c) Salary drawn:.....
- d) Date of joining the institute:.....

I declare that the above information is true and correct to the best of my knowledge and belief..

Place :

Signature :

Name of Pensioner :

PPO No :

Date :