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 :