				AMILY PENSIONER - 2023 ITH OF NOVEMBER EACH YEAR)
Certified that I have seen the Fan	Г	/Pensioner Dr./Sh./Smt 		
Son/Daughter/Wife/Husband of S	Shri/Smt.			
who retired from the post of		f	from University College of Medical Sciences	
and that he/ she is alive on this d	ate.			
				ATTESTED SIGNATURE
PLACE			NAME	
DATE			DESIGNATI	DN
-			SEAL	
* I declare that I have not receive Government/ State Government, Bank, L.I.C/G.I.C. the University o	ed any remun Central Autor r its affiliated loyed/ re-emp nents from No	eration for serving in ar nomous Bodies, Centra Colleges etc. during the OR ployed in the office of ovember 2022 to Octob	ny capacity I/State Pul e period fr 	vin an establishment of the Central colic Sector Undertaking R.B.I/ Nationalized com November 2022 to October, 2023. and was in receipt of the luding DA etc.)Rs
		OR		
(b) HONORARIUM: Rs				
Date	SIGNATUR	SIGNATURE OF FAMILY PENSIONER/PENSIONER		
Name of the Family Pensioner/Pe	ensioner	Dr./Sh./Smt.		
Mobile Number of the Family Pe	nsioner/Pensi	oner	12	
e-Mail I.D.				
Note: I) If change in Bank A/o II) Incase of change of F Section of the Colleg	Residential Ad	ldress , please intimate	ach a cop	y of cheque to the Salary Section. g to the Salary Section and Estab.