



HOOGHLY RIVER BRIDGE COMMISSIONERS
(A STATUTORY ORGANISATION UNDER GOVT. OF WEST BENGAL)
ST. GEORGES GATE ROAD, CALCUTTA – 700 021.

Phone No.: 2248-5178/4425/5833/6692/6787/9770, Fax No.: 91,33,2248-7904/7754

LIFE CERTIFICATE

Certified that I have seen the pensioner.....

(Name of the pensioner)

Holder of P.P.O. No.....Bank A/c No.....

And that he/she is alive on this date.

Place.....

Signature

Name.....

Date.....

Designation of Authorised Officer(Seal)

N.B.-Concerned Branch Manager,Bank Officer, any Gazetted Officer, any Officer of HRBC
Etc. are also authorized to give Life Certificate.

II. NON-EMPLOYMENT CERTIFICATE

- I declare that I have not received any remuneration for service in any capacity in an Establishment of the Central Government or a State Government or a Government Undertaking or from a local Fund during the period November to October, 20.....
- I declare that I have been employed / re – employed in the Office of
And was in receipt of the following emoluments during the period.
- I declare that I have accepted commercial employment or employment under any Government outside India after obtaining / without obtaining sanction of the Government.
- Strike out whichever is not applicable. The above statement is true.

Signature.....

Name of the Pensioner.....

.....

P.P.O.....

Bank A/C.....

Name of Bank and Branch.....

Indian Over Seas Bank Hastings Branch

Contract No.....

III. HALF-YEARLY DECLARATION OF FEMALE PENSIONERS WHOSE PENSION ARE TERMINABLE NO THER MARRIAGE OR RE MARRIAGE

P.P.O .No..... Bank A/c. No.....

Name of the Bank & Branch.-**Indian Over Seas Bank, Hastings Branch**
I hereby declare that I am not married and that I have not been married during the past six months.

OR

I hereby declare that I have not been re-married and I undertake to report such an event promptly to the H.R.B.C.

Signature.....
Widow/Daughter of Late.....
.....

Date.....20...

(To be signed by the responsible Officers or well known persons)
We certify that to the best of our knowledge and belief the above declaration is correct.

Date.....

1. Signature.....

2. Signature.....

Designation.....

Designation.....

Applicable only for widow recipients of family pension and to be furnished only once.