

## CERTIFICATES TO BE SUBMITTED BY PENSIONER (every YEAR)

<b>I. LIFE CERTIFICATE</b>		
Certified that, I HAVE SEEN the PENSIONER (Name) .....		
{ in case of Family Pensioner : Wife of / Husband of .....}		
of Kuvempu University (PPO No. .... ) and that he/she is alive on this date.		
Place:	Signature of the Authorized Officer:	
	Name & Designation of authorized officer	
Date:		
	Seal	
<b>II. NON-EMPLOYMENT CERTIFICATE</b>		
* I declare that I have not received any remuneration for serving in any capacity in an establishment of the Central Govt. Or a State Govt. or a Govt. undertaking or from a Local Fund during the previous Year.		
* 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 / have not accepted any employment under any Government outside India of commercial Employment after obtaining / without obtaining sanction of the Govt.		
* <u>Strike out whichever is not applicable.</u>		
Place:	Signature of the PENSIONER:	
Date:	Name of the Pensioner	
<b>III. CERTIFICATE OF REMARRIAGE / NON-MARRIAGE {For FAMILY PENSIONER'S ONLY}</b>		
I hereby declare that I am not married / I have not been married during the past six months and shall inform the Kuvempu University as soon as I marry/re-marry .		
Place:	Signature of the PENSIONER:	
	Name of the Pensioner:	
Date:		
<b>I certify to the best of my knowledge and belief that the above declaration is correct.</b>		
Place:	Signature of the responsible officer	
	Or a well-known person:	
Date:	Name :	
	Designation & Seal:	
<b>LETTER OF UNDERTAKING (Annexure "H" )</b>		
In consideration of your having at my request agreed to make payment of pension due to me every month, by credit to my account with you. I, the undersigned, agree and undertake to refund or make good any amount to which, I am not entitled or any amount to which may entitled to my account in excess of the amount to which I am or would be entitled. I further hereby undertake and agree to bind myself and my heirs, successors, executors and administrators to identify the bank from the against any losses, suffered or incurred by the bank in so crediting my pension to my account under the scheme and to forthwith pay the sum to the bank and also irreversibly authorized to bank to recover the amount due by debit to my said account or any account / deposits belonging to me in the position of the bank.		
Present Postal Address of the Pensioner:	DATE of BIRTH:	DATE of RETIREMENT:
	PAN No:	Aadhar No:
	Mobile No:	
I certify that the information provided by me are true & correct to the best of my knowledge.		
Place:		
Date:	Signature of the PENSIONER	