LIFE CERTIFICATE

(TO BE SUBMITTED BY DIVYANG CHILD UNDER CPRMSE IN NOVEMBER EVERY YEAR)

This is to certify that Mas./Miss_____S/D/o_____, Vendor code_____holder of the Post Retirement Medical Card No. **(Divyang Membership)**_____residing at _____ are known to me and alive at the time of issuing this certificate.

The signature's of the above mentioned person is attested hereunder:

_____
Signature/Thumb Impression of Divyang Child
Name (Shri/Smt):
Contact No:
Aadhaar Card No:
Date : ___/___/_____
DD/MM/YYYY

_____
Signature of Registered Medical Practitioner with Reg. No OR
Gazette Officer of Central Stare Govt. OR
The Branch Manager of the bank where the concerned is holding S.B A/c OR
Any officer of the company from where the medical facility is obtained
with seal and stamp

DECLARATION

*I hereby declare that I meet all the eligibility criteria as per the CPRMS-E Policy and declare that if any facts to the contrary are detected, Western Coalfields Limited (WCL) shall be free to cancel said benefits without any further reference to me/us.

Place: _____

Date: _____

_____
Signature of the Beneficiary