CERTIFICATE TO BE SUBMITTED BY PENSIONER	
I SELF PARTICULARS(to be completed by the pensioner)	
Name of the pensioner	
Father's NameMother's Name	
II LIFI	E CERTIFICATE
Certified that I have seen the pensioner	
Place:	Nama
Trace.	Name Designation of authorized officer
Date:	
III CERTIFICAT	E OF NON RE-MARRIAGE
I hereby declare that I have not been re-married and I undertake to report such an event promptly to the Pension Disbursing Authority/Bank.	
Signature	
Place:	Name of the pensioner
Date:	P.P.O. No
I certify to the best of my knowledge and belief that the above declaration is correct.	
	Signature of a responsible officer or a well-known Person
Place:	Name
Date:	Designation

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