



The New India Assurance Co. (Employees') Pension Fund

New India Assurance Bldg., Ground Floor, 87 M. G. Road, Fort, Mumbai 400001

Phone : 022-22708254/285 Fax No. : 022-22700473

email : nitin.mansata@newindia.co.in/gaurang.dave@newindia.co.in/suryakant.ghag@newindia.co.in

Pension Cell/ / /2017-18

December 15 , 2017

Dear Sir,

Re. : Submission of Life Certificate in January 2018

You are aware that as per the Pension Scheme, you are required to submit a Life Certificate every year. We are enclosing a form of Life Certificate to be executed by you after taking into account the instructions stated therein. **The form should be dated January 01, 2018 or any subsequent date thereafter so as to reach Pension Cell on or before January 20, 2018 in order to enable us to release the Pension from Feb-18. Further, kindly provide us PAN No & Aadhar No (if not submitted earlier).**

**This certificate should be certified by :

- Class I Officer of the Company from which the employee retired alongwith seal (or)
- Gazetted Officer alongwith Seal (or)
- Registered Medical Practitioner alongwith Seal (or)
- An Officer of any Bank where an account is maintained by the pensioner / family pensioner alongwith seal.
- In case of pensioner / family pensioner residing aboard it should be attested by Indian Consulate / Embassy.

Thanking you,

Yours faithfully,

Sd/-

Chief Manager

Computer generated letter does not require signature

FORM OF LIFE CERTIFICATE

LIFE CERTIFICATE TO BE SUBMITTED BY A PENSIONER AS ON 1st JANUARY EVERY YEAR

Annuity No. :

Aadhar No :

PAN Number :

Certified that I have seen the pensioner **Shri / Smt. / Kum.**

(whose specimen signature is appended below

in my presence) and that **he/she** is alive on this date.

Existing Address	Change in Address, if any
Telephone No :	Telephone No :
Mobile No. :	Mobile No ;
E-MAIL ID	

IN CASE OF CHANGE IN BANK - ENCLOSE CANCEL CHEQUE

Bank Account No.		Bank Name	
Bank Branch			
MICR No.		IFSC Code	

Issued at _____ on _____ day of January 2018.

(Specimen signature of Pensioner)

**Witness Signature & Seal

Name	
Occupation / Designation	
Address	