

UNIVERSITY OF KALYANI
(Declaration and Life Certificate for the Pensioner/Family Pensioner)
(To be submitted once in a year in the month of November/December)

1. Name of the Pensioner/ Family Pensioner:
2. Name and Designation of the Original Pensioner & Relationship with the existing pensioner (in case of family pensioner) :
3. Name of the Department served last :
4. PAN (Please enclose Photocopy) :
5. I declare that I am not using ATM cum Debit card for withdrawal of pension /
I am using ATM cum Debit card under full control and custody of me and/or my spouse.
(strikeout whichever is not applicable)
6. I declare that under no circumstances I have allowed anybody other than my spouse to use ATM cum Debit card for withdrawal of amount from my pension account.

I declare that I am not engaged in any remunerative employment / I am re-employed after retirement w.e.f. toas detailed below.

1. Name of the Employer :
2. Address of the Employer :
3. Basic Pay :
4. Scale of Pay :
5. D.A. & Other Allowances :
6. Total Remuneration/Salary :

I declare that the information as furnished by me hereinabove is true and correct to the best of my knowledge & belief and in case of any wrong /misleading information furnished by me I will be liable for any sorts of audacities arising from furnishing such wrong/misleading information.

Present Address

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Full Signature of the Pensioner

(In case of Thumb Impression made by the Pensioner / Family Pensioner the same be duly certified by a competent authority as mentioned below.

Land Line No. :
Mobile No. :
E-mail Add. :

Signature :
Name & Designation :
of the person
Attested the L.T.I.

I certify that I have seen the Pensioner/Family Pensioner today as alive.

Certificate to be given by

Member of the University Court / Academic Council / Officer of the University / Gazetted Officer / Principal or Vice-Principal of an affiliated College / Head Master of a recognised Secondary School / Local Head / Sub-Post Master / Branch Manager of the Bank where the pensions account was opened.

Full Signature
Designation
Office Seal :

Date