



Sl. No. .... /2023-2024

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[FOR ENGLISHBAZAR MUNICIPAL PENSIONERS / FAMILY PENSIONERS ONLY]  
**LIFE CERTIFICATE - 2023-24**

Certified that I have seen the Pensioner / Family Pensioner (Full Name in Capital Letter) Shri / Smt. .... holder of Pension Payment Order No. MUN/M/MLD/..... dt. .... and that he / she is alive on this date.

Place: ..... (Signature & Designation of the Authorize Officer with Seal)

Date: ..... Name: .....

**NON EMPLOYMENT CERTIFICATION**  
[Vide T.R. 4.171(3)]

\*I declare that I have not received any remuneration for serving in any capacity in an establishment of the Central Government or a State Government undertaking of from a local Fund during the period from November, 2022 To October, 2023.

\*I declare that I have been employed / re-employed in the office of ..... and was in receipt of the following emolument's during the period.

\*I declare that I have accepted commercial employment after obtaining / without obtaining sanction of the Government.

\*I declare that I have / have not accepted any employment under any Government outside India after obtaining / without obtaining sanction of the Government.

Place: ..... (Signature of the Pensioner / Family Pensioner)

Date: ..... Name (In Block Letter)

.....  
Pension Payment Order No.

\*Delete whichever is not applicable.  
+ To be specified.

Yearly Declaration of the Pensioners whose pensions are terminable on their marriage or remarriage.  
(This certificate is to be submitted in November every year)  
Pension Payment Order No. MUN/M/MLD/..... dt. ....  
I hereby declare that I have not been remarried and that I have been married during the last one year.

Or

I hereby declare that I have not been remarried during the last one year ending on 31<sup>st</sup> October, 2023 and I undertake to report such an event promptly to the Chairman, Englishbazar Municipality, Malda.

Date ..... Signature.....

Widower / Widow / daughter of Late .....

(To be signed by an authorized Officer)

I certify to the best of my knowledge and belief that the above declaration is correct.

Date ..... Signature .....  
Designation .....