Sl. No. ...../2025-2026

E-mail: englishbazarmunicipaity@gmail.com WEBSITE: www.englishbazarmunicipality.org.in

[FOR ENGLISHBAZAR MUNICIPAL PENSIONERS / FAMILY PENSIONERS ONLY]

LIFE CERTIFICATE - 2025-26

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, 2024 To October, 2025.

*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 31st October, 2024 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 .....