

LIFE CERTIFICATE TO BE SUBMITTED BY RETIREES

(Opting for the Insurance Backed Cashless Medical Scheme)

Tel. No. 23314231-33Extn- 163,162

Email: dsiidmedicalhelpdesk@gmail.com

Dated: _____

Certified that I have seen Mr./Mrs./Miss. _____

Son/ Daughter/Wife/Husband of _____
And he / she is alive on this date.

Ex. Employee file No.: _____

Designation: _____

Date of Birth _____

Dependant's Name and Data of Birth 1) _____

2) _____

Latest Address: _____

Latest Telephone No.: _____

Email: _____

Signature of Gazetted Officer/ DSIIDC Officer

Signature of Ex. Employee

Date :-