



[ App. 15 ]

**HOWRAH IMPROVEMENT TRUST**

**ANNEXURE VI #**  
(Certificates to be submitted by Pensioner)  
[Vide Rule 5(3)]

Name of Bank.....Branch.....  
Account No.....

**I. Life Certificate**

Certified that I have seen the Pensioner \_\_\_\_\_,  
holder of Pension Payment Order No \_\_\_\_\_ and that he / she is alive on this date.

Place :  
Date :  
Name :

Signature & Designation of the Authorised Officer:

(Seal)

**II. Non-Employment Certificate**

\*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 or a Government undertaking or from a local Fund / Authority / Trust during the period from November 20\_\_ to October, 20\_\_.

\*I declare that I have been employed / re-employed in the office of \_\_\_\_\_ and was in receipt of the following emolument 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 :  
Date :

Signature.....  
Name of the Pensioner.....

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

Mobile No.....  
Pension Payment Order No. \_\_\_\_\_

**ANNEXURE VII #**  
[Vide Rule 5(3) & T.R. 4.186(4)]

**Yearly Declaration of Pensioners whose pensions are terminable on their marriage or remarriage**  
(This certificate is to be submitted in November every year)

Pension Payment Order No. \_\_\_\_\_

I hereby declare that I am not married and that I have not 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, 20\_\_ and I undertake to report such an event promptly to the Howrah Improvement Trust.

**Signature** \_\_\_\_\_  
Date \_\_\_\_\_ *Widower / Widow / daughter of late* \_\_\_\_\_

(To be signed by an authorised Officer)

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

**Signature** \_\_\_\_\_  
Date \_\_\_\_\_ **Designation** \_\_\_\_\_

**List of Authorised Officers:**

- 1) Officers of HIT authorized by CEO, HIT 2) Bank Manager of Banks where from the Pensioner / Family Pensioner draws pension 3) MLA / MP / Chairman of Municipal Corporation and or Municipality 4) Registered Medical Practitioner along with Medical Certificate in original (only for Pensioner / Family Pensioner totally bedridden)