



A Maharatna Company

## Life Certificate

To Whom it may concern

This is to certify that Shri \_\_\_\_\_  
son of Shri \_\_\_\_\_ and Smt \_\_\_\_\_  
wife of \_\_\_\_\_ residing at \_\_\_\_\_  
\_\_\_\_\_ are / is known to me and alive at the time of  
Issuing this certificate. This certificate is issued for release of payment for outdoor /  
domiciliary treatment under CPRMSE of CIL.

The Signature/s of the above the above mentioned person/s is/are attested here under.

Signature of Retd. Executive Shri/Smt. \_\_\_\_\_

Signature of spouse : \_\_\_\_\_

\_\_\_\_\_  
Signature of Registered Medical Practitioner with Reg. No. OR  
Gazetted Officer of Central/State Govt. OR  
The Branch Manager of the Bank where the retired  
Executive / spouse is holding S.B. A/C OR  
Any Officer of the company from where  
The medical facility is obtained  
**With Seal/Stamp**

Date : \_\_\_\_\_

Registration No. Of Medical card : CPRMSE / \_\_\_\_\_

**Note: Please note that in case of couple membership, signatures of the executive and their spouse is mandatory.**

\_\_\_\_\_  
**CONTRIBUTORY POST RETIREMENT MEDICARE SCHEME FOR EXECUTIVES OF CIL & ITS SUBSIDIARIES**