(Annexure-A)

CERTIFICATES TO BE SUBMITTED BY PENSIONER STATE BANK OF INDIA ANNEXURE - VI	
Branch Name: Branch Code:	
SB A/C No.: Category: Def/Centra	
I. Life Certificate	holder of Deneier Deumen
Certified that I have seen the Pensioner	
Ciuei ivo	
	Signature with SS No.:
	Date:
Signature of Pensioner	Name:
Signature of Pensioner	Seal:
Name:	
Place: Date:	<del></del>
ADDITIONAL INFORMATION	
I submit herewith additional details as under:	
1. AADHAR No. :	
2. Income Tax Permanent Account Number (PAN)	
4. E-mail ld :	
5. Date of birth of the spouse:(	Proof of Date of Birth attached)
	Signature of the Pensioner
	Name of the Pensioner:
	Savings Bank Account No.
II. Non Employment Certificate	
*I declare that I have not received any remuneration for serv	ing in any capacity in the establishment of the Central
Government or a Government undertaking or from	n a Local Fund during the period November to April 20
May to	a Local rund during the period November to April 20
October 20	
*I declare that I have been employed/re-employed in the office	ce of
and was in receipt of the following emoluments during the pe	
*I ceclare that I have not accepted any employment under a	ny Government outside India or Commercial Employment
after obtaining/without obtaining sanctioning of the Director/CSIR	(to be furnished by Class I Officer only)
* Strike out whichever is not applicable	(to be farmer by elacer emp).
Place:	
Date:	Signature of Pensioner
III. Certificate of Re-marriage/Non-marriage	arriad during the peet eix magths and shall informs the Deels
I hereby declare that I am not married/I have not been re-maas soon as I marry/re-marry.	aned during the past six months and shall inform the Bank
as soon as i many/ic many.	
Place:	
Date:	Signature of Pensioner
i certify to the best of my knowledge and belief that the abov	re declaration is correct.
(Signature of the responsible officer	
or a well-known person)	
Place: Name:	
Date: Designation:	•
	•
Acknowledgement of Life Certificate	
We acknowledge receipt of Life Certificate of	Shri/ Smt/ Kumari
(Pensioner)Account No PPO no-	submitted by him/her/his/
her representative on(Date)	
For State Bank of India	
Branch	

## Only box Family Pensioners DESCRIPTIVE ROLL

1.	Name of the Applicant	(family Pensioner):				
2.	Date of Birth (by Christ	tian Era) :	, ,	-		
3.	Height	•				
4.	Personal Mark (if any)	on hands, face etc:	•			
	(a)	······································	,	······································		
	(b)					
5.	Left Hand Thumb and Finger impression of					
	Wife/Husband/Child of					
	THUMB	FIRST FINGER	MIDDLE FINGER	RING FINGER	LITTLE FINGER	
L	<u></u>		<u></u>	······································		
6	Specimen Signature of			•		
	Specimen Signature of	-				
	Wife/Husband/Child of	Late			· · · · · · · · · · · · · · · · · · ·	
	1					
	·					
	2					
7.	Attested by:					
	Name		Full Address		Signature	
				· · · · · · · · · · · · · · · · · · ·		
1	•					
2	•	· · · · · · · · · · · · · · · · · · ·	·			
···						
			· · · · · · · · · · · · · · · · · · ·		<del></del>	
•	Witnesses		•		·	
	Witnesses:					
	Witnesses: Name		Full Address		Signature	
			Full Address		Signature	
1.	Name		Full Address		Signature	
1.	Name		Full Address		Signature	
1.	Name		Full Address		Signature	
1.	Name		Full Address		Signature	

NOTE: Attestation should be done by two Gazetted Government Servants or two or more respectable persons in the town/village or pargana in which the applicant resides.