

LIFE INSURANCE CORPORATION OF INDIA, CENTRAL OFFICE

SHRI/SMT. _____ S.R. NO. _____ FILE NO.: _____

CERTIFICATE OF EXISTENCE

As on 1st August every year

I, _____ hereby certify that the pensioner
Shri/Smt. _____ S.R. No. _____ is seen by me in person
on date. His/Her signature below is attested by me and I am fully satisfied
about his/her identity.

Dated at _____ this _____ day of _____ 200_____

(Signature of the Pensioner)

S R No. _____

Counter signature of Certifying Authority

Name : _____

SR No. _____

Designation : _____

Address: _____

SEAL :

NOTE: This certificate should be signed by a Class I Officer of the L.I.C. or a Gazetted Officer or a Registered Medical Practitioner, Employees of the Corporation in the cadre of HGA/Development Officer with five years of service or an officer of any Bank where an account is maintained by the pensioner.