



A Maharatna Company

LIFE CERTIFICATE

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 is issued for release of payment for outdoor/ domiciliary
treatment under CPRMS-NE of CIL.

The signature/s of the above mentioned person/s is/are attested hereunder.

Signature of Retd. Non-Ex. Sri/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: CPRMS-NE/-----

- Note: please note that in case of couple membership: signature of the Non-executives and their spouse is mandatory.