**Council of Scientific & Industrial Research**

 **Anusandhan Bhawan, 2, Rafi Marg, New Delhi- 110001**

8-3(5)/2021-22-Gen.(Med.) Date:

 **LIFE CERTIFICATE FOR RENEWAL OF CGHS CARD**

 **(To be filled every year as per the CGHS Card renewal cycle)**

I hereby certify that I ……………………………………………………………………………, CGHS Card No. (Ben ID) …………….. pensioner/ family pensioner is alive on this date………………………

(This form is required to be filled every year as per CGHS Card renewal cycle.)

……………………………………

Signature of Pensioner /

Family member

Name :

Relation with the pensioner

(In case of family member)

Place:

Date:

1. Pension Payment Order no. (PPO No.)
2. Postal Address:
3. Email ID:

4. (a) Mobile no.

4. (b) Alternate Mobile no.

**Note : Please enclose copy of your CGHS Card.**