

**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.**