INDIAN COUNCIL OF MEDICAL RESEARCH

DDO OFFICE

DATED: 27.10.2025

All the ICMR Hqrs. Pensioners/Family Pensioners are requested to please submit Life Certificate in the month of November, 2025 by personal visit in DDO Office, ICMR Hqrs. Or submit by Email duly authorize from the nearest branch of your Bank or certified from the Gazetted Officer. All are also requested to please submit copy of Pan Card . The Email address is ddoicmrhqrs25@gmail.com. Copy of the Life Certificate is attach herewith.

(Pradeep Choudhary)
DDO

INDIAN COUNCIL OF MEDICAL RESEARCH
LIFE CERTIFICATE

c) Non-employment Certificate:

** I declare that I have not received any remuneration for serving in any capacity in an establishment of Central/State Govt./PSU for or from local fund during the period November..... to October.....

** I declare that I have been employed-re-employed in the office of ..... & was in receipt of following emoluments Rs. ..... during the period.

** I declare that I have not accepted any employment under any Government outside3 India, after obtaining/witho0ut obtaining sanction of the EPF organization (to be furnished by class 1 officer only).

** delete whichever is not applicable.

Place:
Date:

Signature of the pensioner
Name:
PPO no.:

d) Certificate of remarriage/non-marriage (whichever is applicable)

I hereby declare that I am not married during the past twelve months

Place:
Date:

Signature of the pensioner
Name:
PPO no.:

I certify to the best of my knowledge & belief that the above declaration is correct

Place:
Date:

Signature of the authorized Officer/well known person
Name:
Designation:

E-Bank Details:	
BSR Code	
Bank Address:	
Telephone No.	
Email ID of the Branch	
Copy of the PPO & other relative documents	
Place	Signature of the Branch Manager
Date	

INDIAN COUNCIL OF MEDICAL RESEARCH
LIFE CERTIFICATE

a) Life certificate to be submitted by the pensioner

1	Name of the Pensioner/Family Pensioner	
2	PPO No.	
3	Date of Birth of Pensioner	
4	Date of Joining of Government Service	
5	Date of Retirement	
6	PAN Number of the Pensioner	
7	In case of family pension, date of death of the (original) pensioner	
8	Date of Birth of family pensioner	
9	Savings Bank account number	
10	Present address	
11	Mobile no. of the pensioner/Family Pensioner	
12	E-mail ID of the pensioner/Family Pensioner	

b) Life certificate by the authorized Officer:

Certified that I have seen the pensioner Mr. /Mrs. ..... (Name of the pensioner) holder of Pension Payment Order no. ..... and the he/she is alive on this date.

Specimen signature of the pensioner

Place:
Date:

Signature of the authorized Officer
Name:
Designation:
Seal:

INDIAN COUNCIL OF MEDICAL RESEARCH
ANSARI NAGAR, NEW DELHI

1. **Name of the Pensioner** _____.
2. **CGHS Card No.** _____.
3. **Pay Level** _____.
4. **Last Basic** _____.
5. **Date of Superannuation** _____.
6. **Valid Upto** _____.
7. **Address** _____.
8. **Last Designation** _____.
9. **ICMR hqrs Office** _____.
10. **Mobile No.** _____.