



LIFE CERTIFICATE

TO BE SUBMITTED BY CPRMS-NE BENEFICIARY EVERY YEAR DURING NOVEMBER MONTH

A. This is to certify that Shri _____, and Smt. _____ holder of the Post-Retirement Medical Card Number (**Couple Membership**): _____ residing at _____ are known to me and alive at the time of issuing this certificate.

OR

B. This is to certify that Shri / Smt. _____ husband / wife of Shri / Smt. _____ holder of the Post-Retirement Medical Card Number (**Single Membership**): _____ residing at _____ are known to me and alive at the time of issuing this certificate.

•Strike off whichever is not applicable

The signature/s of the above mentioned person(s) is /are attested hereunder:

(Note: In case of couple membership signature of both beneficiaries i.e. ex-employee and spouse is mandatory)

Signature of Retired Employee

Name (Shri/ Smt) :

Emp Code:

Contact No:

Aadhaar No:

Bank A/c No:

IFSC Code:

Bank name:

Branch:

Signed Date: ____/____/____
DD / MM / YYYY

Signature of spouse

Name (Shri/ Smt) :

Whether Employed: Yes / No

Emp Code:
(if employed)

Contact No:

Aadhaar No:

Signed Date: ____/____/____

DD / MM / YYYY

* {
Bank A/c No:
IFSC Code:
Bank name:
Branch:

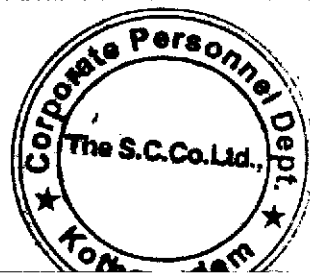
***(for Single Spouse beneficiary only)**

 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 employee/ spouse is holding S.B A/c OR
 Head of the Mine/Dept. Where the Ex-Employee last worked OR
 Area Personnel Dept. Head/Incharge AEPATB Cell of the concerned Area
with seal/ stamp

Note:1) The updated Bank account details submitted at the time of obtaining Medical card only have to be furnished in the above relevant field provided for Bank account details (**self attested copy of updated bank passbook and Aadhar card should be enclosed**)

2) Care is to be taken while recording the Aadhar No, Mobile No and Bank account details of the beneficiaries.

Life Certificate for the year ending: 11/ _____ (indicate Year)



The dedicated email ids provided for Area AEPATB cells for accepting CPRMS-NE scanned Life Certificate and copy of Jeevan Pramaan through e-mails from CPRMS-NE members is as follows:

Sl no	Area	email-id
1	Corporate	cprmsne_cor@sccimines.com
2	Kothagudem	cprmsne_kgm@sccimines.com
3	Yellandu	cprmsne_yld@sccimines.com
4	Manuguru	cprmsne_mng@sccimines.com
5	RG-I	cprmsne_rg1@sccimines.com
6	RG-II	cprmsne_rg2@sccimines.com
7	RG-III	cprmsne_rg3@sccimines.com
8	Bhoopalapalli	cprmsne_bhp@sccimines.com
9	Bellampalli	cprmsne_bpa@sccimines.com
10	Madamani	cprmsne_mmr@sccimines.com
11	Srirampur	cprmsne_srp@sccimines.com
12	STPP	cprmsne_stpp@sccimines.com

Note: Please ensure that the mail inbox storage is properly maintained in order to avoid bounce of e-mails if any from the member

