

**Hindustan Copper Limited**

**Life Certificate**

(To be submitted by CPRMS beneficiary)

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):  
Contact No.:  
Aadhaar Card No:  
Date :     /     /  
          (DD / MM / YYYY)

\_\_\_\_\_  
Signature of spouse  
Name (Shri/ Smt):  
Contact No.:  
Aadhaar Card No:  
Date :     /     /  
          (DD / MM / YYYY)

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 SB A/c OR  
Any Officer of HCL from where the medical facility is obtained  
**With Seal / Stamp**

**Declaration**

I/ We hereby declare that I/We meet all the eligibility criteria as per the CPRMS-\_\_\_\_\_ Policy and declare that if any fact to the contrary are detected, the HCL shall be free to cancel said benefits without any further reference.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature of Beneficiary**