

**Hindustan Copper Limited  
Life Certificate**

(To be submitted by **PRMS** beneficiary)

**A.** This is to certify that Shri \_\_\_\_\_, and Smt. \_\_\_\_\_ Holder of the Post-Retirement Medical Scheme (PRMS) 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 Scheme (PRMS) : \_\_\_\_\_ 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:**

\_\_\_\_\_  
Signature of Retired employee  
Name (Shri /Smt):  
Contact No.  
Aadhar Card No:  
Date: / /

\_\_\_\_\_  
Signature of Spouse  
Name (Shri / Smt):  
Contact No.  
Aadhar Card No:  
Date: / /

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 hereby declare that I meet all the eligibility criteria as per the PRMS 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 \_\_\_\_\_

Signature of Beneficiary

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