## **BOARD OF SCHOOL EDUCATION HARYANA, BHIWANI**

## **Certificates to be submitted by Pensioner**

## **Life Certificate**

holder of pension payment order No	r Sh./Smt/Kumand that he/She is alive on this date.
	Signature
Place: Date:	Name
	Designation of authorized Officer
	With Stamp
Certificate of Re-mar	riage/Non-marriage
I have declared that I am not married/	have not been married during the past six
months.	
I hereby declare that I have not remarr	ied. I under-take to report such an event
promptly to the Department.	
Place:	Signature
Date:	Name of Pensioner
	·
I certify to the best of my knowledge and	d belief that the above declaration is correct.
	Signature
Place: Date:	Name
	Designation of authorized Officer
	With Stamp
Non-Employme	ent Certificate
I declare that I have/have not accepted India after obtaining /without obtaining sanct (To be furnished during the first two ye	
Place:	Signature
Date:	Name of Pensioner
	Address
	Mobile
	DAN