

## LIVE CERTIFICATE

This is to certify that I \_\_\_\_\_  
son/husband/wife of Shri/Smt. \_\_\_\_\_ who retired from the services  
of MMTC as \_\_\_\_\_ (Designation) on \_\_\_\_\_ (date of retirement ) like to  
make a bonafide statement that myself/spouse have/has spent not less than  
Rs \_\_\_\_\_ Rupees \_\_\_\_\_ only) towards  
consultation, cost of medicines and diagnostic tests for myself and my spouse  
during to the period from April / October \_\_\_\_\_ (year) September /  
March \_\_\_\_\_ (year).

It is hereby declared that myself and spouse (name)  
Shri./Smt \_\_\_\_\_ are alive as on date and medical expenses for myself and  
spouse have not been claimed from any employer or agency by myself or by spouse.

It is also certified that my annual medical subscription has been deposited upto  
March \_\_\_\_\_ (year)

Date of birth of myself / my spouse (ex-employee of MMTC ), as per MMTC  
Office records is \_\_\_\_\_ and have completed 70/80 year of age as on 1<sup>st</sup> April/1<sup>st</sup>  
October \_\_\_\_\_ (year).

I am receiving / not receiving my medical payment direct to my Bank A/c through  
ECS

Signature of Claimant: \_\_\_\_\_  
Name of Claimant: \_\_\_\_\_  
Med. Card No.: \_\_\_\_\_  
Employee No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_   
Tel.No.: \_\_\_\_\_  
Mob.No.: \_\_\_\_\_  
Date : \_\_\_\_\_

Note: Fill all the columns and attach copy of medical card.