



Branch Name

Pensioner Declaration Form – Health Status (Sick / Disabled)

PENSIONER HEALTH STATUS DECLARATION FORM

- 1. Name of Pensioner:** _____
- 2. PPO Number:** _____
- 3. Pension Type (Regular / Family Pension):** _____
- 4. Name of Bank Branch with branch code:--** _____
- 5. Pension Account Number:** _____
- 6. Mobile Number:** _____
- 7. Address of Pensioner:**

DECLARATION OF HEALTH STATUS

I, _____ (Name of Pensioner), hereby declare that:

I am sick
 I am physically disabled

Brief description of illness/disability (optional):

Any supporting document enclosed (if available):

Medical Certificate
 Disability Certificate
 Doctor's Note
 Other: _____
 Not Submitted

DECLARATION BY PENSIONER / FAMILY MEMBER

I hereby declare that the information provided above is true and correct to the best of my knowledge. I understand that this information will be submitted by the Bank to any government authority as required.

Signature/Thumb Impression of Pensioner: _____
Date: _____

CERTIFICATION BY FAMILY MEMBER / GUARDIAN (if pensioner is unable to sign)

Name: _____
Relationship with Pensioner: _____
Mobile Number: _____
Signature: _____

BRANCH CERTIFICATION (For Office Use Only)

The above declaration has been received and verified by the branch.

Branch Name: _____
Branch Code: _____

Verified by (Name & Designation): _____

Signature & Seal: _____

Date: _____
