



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: _____
