

Life Certificate

(To be submitted in the month of March every year by the Ex-Employee)

I,..... ex-employee/spouse of the ex-employee/(Late)/Sri/Smt.
..... certify that myself and my admissible dependent parents as mentioned
below are enrolled under the APL Medical Policy as per details given below and are alive as on date.

1. Name of the Spouse:..... Relation:Age:

2. Name of the Dependent Parent :..... Relation:Age:

3. Name of the Dependent Parent :..... Relation:Age:

Signature of the APL Ex-Employee/
Spouse/Admissible Dependent Parents

Place.....

Name.....

Date.....

Ex-Employee Code.....

Address

.....

**In case of death of an employee the form shall be signed by APL employee's spouse/admissible dependent parents.*

I, _____ hereby certify that Sri/Smt. _____ is alive as on date. I am fully satisfied about his / her identity.

Counter Signature of Authority (Stamped)

Place.....

Name.....

Date.....

Designation.....

Address

.....

Note: The above mentioned form should be countersigned by any of the below mentioned official:

- i) Government Gazetted Officer
- ii) Bank Branch Manager
- iii) Doctor in Government Hospital

ASSAM PETRO-CHEMICALS LTD.
NAMRUP

Form – 02(B)

Additional Information of Superannuated Employee (as per APL Medical Attendance and Treatment Rules)

1	Name of Employee	
2	Employee Code	
3	Designation at Superannuation/Separation	
4	Department	
5	Present Residential Address	
6	Date of Superannuation /Separation (Retirement/Death etc.)	
7	Phone Number	
8	Email Address	
9	PAN Number	
10	Medical Reimbursement for the Financial Year	

1. I certify that I and my admissible dependents (if any) are alive on date.
2. I certify that the information furnished above is true to the best of my knowledge and that no information has been misrepresented.

(Signature)

Date.....

Name.....

Place.....

Note: In case of death of an employee the form shall be signed by his/her spouse/admissible dependent parents.