LIFE CERTIFICATE

(To be submitted by NHPC REHS Beneficiary)

This is to certify that Sh	ri/SmtNHPC
Emp. No	
	onally appeared before me and has
signed in my presence dated	
Paste recent	
Passport size	
photo and sign	
across	
(Signature of the beneficiary)	(Signature of the certifying
Address:	Authority)
	Name
••••••	Designation
	Date:
Mobile No	Seal

Undertaking

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I hereby undertake that dependent members as mentioned in REHS card issued to
me under REHS scheme by corporation, is/are alive as on date,
the detail of them is/are given below:

	Name of Dependent	DOB	Relation with Claimant
1.			
2.			
3.			
4.			
5.			

I understand and agree that any false or misleading information will justify a suspension of REHS membership under the scheme and shall be liable for any recovery with interest & penalty.

(Signature)

Name of Claimant:

Employee No. :

REHS Card No. :