

LIFE CERTIFICATE
TO WHOM IT MAY CONCERN

This is to certify that _____ S/o
_____ holder of PPO No. _____
CNIC No. _____ whose specimen signature/thumb
impression and address are appended below is alive todate _____.

(Pensioner Signature/Thumb Impression)

Address

Phone No. _____
(City/Area Code)

(Signature of attesting officer)

Name: _____

Address: _____

(Official Stamp of attesting officer)

Phone No. _____

NOTE: THIS CERTIFICATE IS TO BE SIGNED BY CLASS-I GAZZETED OFFICER/MILITARY COMMISSIONED OFFICER OR AS AUTHORIZED UNDER FTR-343