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 _____.

Address

_____ _____

(Pensioner Signature/Thumb Impression) _____

Phone No._____
(City/Area Code)

_____ **Name:** _____

(Signature of attesting officer)

Address:_____

_____

_____ **Phone No.**_____

(Official Stamp of attesting officer)

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