

**CERTIFICATE TO BE SUBMITTED BY PENSIONER  
LIFE CERTIFICATE**

(To be furnished by Pensioner / Family Pensioner)

Certified that I have seen the Pensioner/Family Pensioner Sh./Smt. \_\_\_\_\_  
husband/Wife/Son / daughter of Shri/Shrimati \_\_\_\_\_ retired on  
\_\_\_\_\_ from Vivekananda College, University of Delhi, holder of Pension  
from the University of Delhi and that he/she is alive on this date.

**Signature of the responsible  
Officer or well known person**

Place _____	Signature _____
Date _____	Name _____
	Designation _____

**NON-EMPLOYMENT CERTIFICATE**

(Applicable in the case of Pensioner/Family Pensioner)

I Declare that I have not received any remuneration for serving in any capacity in an establishment of the Central Government/ State Government, the University of its affiliated Colleges, Central Autonomous bodies, Central/State Public Sector Undertaking, R.B.I. Nationalised Banks/L.I.C./G.I.C. etc. during the period November 2024 to October, 2025.

I declare that I have been employed/re-employed in the office of \_\_\_\_\_  
and was in receipt of the following emoluments during the period.

Signature \_\_\_\_\_

Name of the Pensioner \_\_\_\_\_

Address \_\_\_\_\_

PAN No. \_\_\_\_\_

Phone No. \_\_\_\_\_

Mail I.D. \_\_\_\_\_

**VIVEKANANDA COLLEGE  
(UNIVERSITY OF DELHI)  
VIVEK VIHAR : DELHI-110095**

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**Yearly declaration of Female/Male Family Pensioners whose pensions are terminable on their Marriage/re-marriage.**

**I hereby declare that I am not married and that I have not been married during the past year. I also hereby undertake that I will report immediately to the University if I get re-married.**

**Signature** \_\_\_\_\_

**Place** \_\_\_\_\_

**Name of the Family  
Pensioner** \_\_\_\_\_

**Date** \_\_\_\_\_

**Widow of Late Sh.** \_\_\_\_\_

**I certify to the best of my knowledge and belief that the above declaration is correct.**

**Signature of the responsible  
Officer or well known person**

**Signature** \_\_\_\_\_

**Place** \_\_\_\_\_

**Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Designation** \_\_\_\_\_