

LIFE CERTIFICATE FOR POST RETIREMENT MEDICAL BENEFITS FOR THE YEAR 2023-2024

(To be uploaded on the online application system by the retired OFFICERS, SUPERVISORS & WORKMEN (Self certified))

SI No	Description	Details
1	Name of the retired OFFICER/SUPERVISOR/WORKMEN	
2	Employee No	
3	Date of birth	
4	Date of joining GSL	
5	Date of retirement from GSL	
6	Present Address	
7	Mobile No	
8	Landline Phone No	
9	Email ID	

This certificate may please be accepted for claiming POST RETIREMENT MEDICAL BENEFITS for the financial year 2023-2024

Specimen signature of the Retired Officer/Supervisor/WORKMEN

Place:

Date: