

**Annexure - D**  
**LIFE CERTIFICATE**  
**PART - (A)**

Affix photograph  
Attested by a  
Gazetted Officer  
not below the rank  
of Additional  
Secretary/MLA/MP

DSSS Sanction Number :- .....

Name of the beneficiary :- .....

Full Address :- .....

.....

Constituency :- .....

Signature/L.H.T. of Beneficiary with date :- .....

(To be signed in presence of the Gazetted Officer not below the rank of  
Additional Secretary of the Goa State Government/MLA/MP)

---

**PART (B)**

(To be signed by the Gazetted Officer not below the rank of Additional Secretary  
of the Goa State Government/MLA/MP)

I, Shri/Smt. ...., do hereby certify  
that I personally known to Shri/Smt. ....,  
r/o. ....,  
the beneficiary of DAYANAND SOCIAL SECURITY SCHEME and Shri/Smt.  
..... is alive as on .....  
day of ..... of the year .....

The beneficiary has signed the above part "A" of the certificate in my  
presence.

Name of the Officer :- .....

Designation :- .....

Official Stamp

Date :- .....

Registration No. : GA/.....

Sanction No. : .....

ANNEXURE - B

Mobile No. : .....

**LIFE CERTIFICATE**

(To be signed by any Gazetted Officer or MLA or MP)

Life Certificate of Applicant     Life Certificate of Child (Tick whichever applicable/or both)

I, Shri/Smt. ...., do hereby certify that I personally know to Smt. ...., w/o. ...., ..... r/o. ...., the beneficiary of Griha Aadhaar Scheme since last ..... months/years.

I further certify that above said Smt. .... is alive as on date.

\*I further certify that Mast./Ms. .... is the son/daughter of the above said Smt. .... and that he/she is below eighteen years of age and is alive as on date.

Name in block letters :- .....

Designation :- .....

Address : .....

.....

Telephone No. : .....

Signature : .....

Seal : .....

Place : .....

Date :- .....

\* Strike out if not applicable.

\*This document should be signed only by Gazetted Officer of Government organization/School/ Institution. Certificate signed by Gazetted Officers from private schools/Institutions will not be considered.

Photo with  
Across  
Signature  
of Kerosene  
Retailer owner

### LIFE CERTIFICATE PART - A

Kerosene Retailer No. .... No. of the Authorization .....  
Dated ..... Name of the owner .....  
Present residential address :- .....  
....., Mobile No. .... Full address of  
Kerosene retailer .....  
Constituency : ..... Taluka .....

Signature of Kerosene Retailer owner :-  
(To be signed in presence of the Gazetted Officer)

---

### PART -B

(To be signed by the Gazetted Officer)

I, Shri/Smt. ...., do hereby certify  
that I personally known to Shri/Smt. ....,  
R/o. ....,  
and owner of Kerosene Retailer No. .... at .....  
and that Shri/Smt. .... who has signed  
Part "-A-" of the Certificate in my presence is alive as on ..... day of  
..... of the year .....

Date :-

Signature of Gazetted Officer :-

Name of the Officer :-

Place :-

Designation :-

Official Stamp :-