

**MAZAGON DOCK SHIPBUILDERS LIMITED**

All Ex- Executives (Pensioners),

**Sub: Submission of Existence (Life) Certificate**

Superannuated Executives, who are drawing pension under MDEDCSP Scheme are now required to submit their respective Existence (Life) Certificate to Life Insurance Corporation of India (LIC) regularly in order to continue their annuity (pension). The details for aforesaid correspondence are as follows:

|   |   |
|---|---|
| <b>Address</b>                                      | P&GS Unit, New India Bldg.,2nd floor, S V Road, Santa Cruz (W), Mumbai-54 |
| <b>Email ID</b>                                     | pgs.parle@licindia.com  |
| <b>Periodicity for Existence (Life) Certificate</b> | <b>ROC</b> - Every after 5 years from the date of Superannuation          |
|   | <b>Life Pension</b> - Every year from the date of Superannuation          |

A copy of **Existence (Life) Certificate** is attached herewith for onwards submission to LIC through Post/ Email at your end.



**(S Pradhan)**  
Member Secretary  
MDEDCSP Trust



P&GS Unit, New India Bldg., 2nd floor, S V Road, Santa Cruz (W), Mumbai-54  
26102064/67819458/59/26150266/26129393 email: pgs.parle@licindia.com

ANNUITY NO. \_\_\_\_\_ Annuitant's Name \_\_\_\_\_

**A CERTIFICATE OF EXISTENCE**

(This Form should be signed by the Annuitant before a Gazetted Officer/Registered Medical Practitioner with Registration No./ Bank Manager with seal /Post Master / Head Master of the School/ College Principal / Class-I Officer of LIC/ Government/ Semi Govt./Quasi govt./ Govt. Undertaking/ Public Sector Undertaking/ LIC Development Officer / LIC Agent stamped along with their registration no./ codenos./ agency codes)

I, \_\_\_\_\_ hereby certify that  
Shri/Smt \_\_\_\_\_ Son / Daughter of  
\_\_\_\_\_ personally appeared before me on  
(DATE) \_\_\_\_\_ and has signed in my presence and his/her signature  
is attested below. I am fully satisfied about his / her identity.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**SIGNATURE OF THE ANNUITANT**

Signature of Certifying Authority  
**WITH SEAL**

\_\_\_\_\_  \_\_\_\_\_

Address: \_\_\_\_\_

XX \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel/Mobile No. \_\_\_\_\_

SEAL \_\_\_\_\_

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