

LIFE CERTIFICATE
(To be given every yearly)

PART A

I, _____ Blind, user
of landline telephone No. _____ is alive on this day and I
request that concessional facility given to me may be continued for my
telephone.

Thumb Impression /Signature of Blind

Attestation of the NGO/SEM

(Name, Designation and seal)

PART B

Customer's Name:-

Address

(with PIN No.)

Phone No

(Provided under
concessional scheme)