

**INDIAN INSTITUTE OF FOREIGN TRADE**

**LIVE CERTIFICATE**  
**(For the Financial Year 2022-23)**

I \_\_\_\_\_ (Retired Employee) do hereby certify that the payment of an amount of ₹ 12,000/24,000 received in the previous year towards medical treatment / cost of medicines / mediclaim insurance has actually been spent on account of \_\_\_\_\_.

It is further certified that I, \_\_\_\_\_ and my spouse are alive as on date.

\_\_\_\_\_  
(Signature)

Name (in block letters) : \_\_\_\_\_  
of the retired Employee

Date: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Mobile No. \_\_\_\_\_

Email : \_\_\_\_\_

**IMPORTANT AND MUST**

Account No. \_\_\_\_\_

Bank Name \_\_\_\_\_

Branch Name \_\_\_\_\_

IFSC Code \_\_\_\_\_

Aadhar No. \_\_\_\_\_