

CORPORATION BANK

Declaration by the Pensioner for facilitating Medical Examination by the Medical Officer
(Part I)

Space for affixing
attested Passport size
photograph

1	Name in Full (in Block letters)	
2	Date of Birth (as per Bank's Service Record)	
3	Particulars regarding Parents:	
3a	Father's age, if living and state of health	
3b	Father's age at death and cause of death	
3c	Mother's age, if living and state of health	
3d	Mother's age at death and cause of death	
4	Have you been granted leave on medical certificate during the last three years of your service? If so, state periods of leave and nature of illness	
5	Have you during the last three years period	
5a	Suffered from any major illness requiring hospitalisation? If so, the nature of illness and period of hospitalisation may please by indicated	
5b	Undergone any major surgical operation?	
5c	Lost or gained weight markedly?	

Declaration by Applicant

(to be signed in the presence of the Bank's Medical Officer)

I declare all the above answers to be, to the most of my belief, true and correct.

I am fully aware that by wilfully making a false statement or concealing a relevant fact, I shall incur the risk of losing the commutation.

**Applicant's signature or thumb-impression
in case of illiterate applicant**

Signature of Medical Officer