



SCC 000101



Canara HSBC Oriental Bank of Commerce Life Insurance Co. Ltd.
Unitech Trade Centre, 2nd Floor, Sushant Lok, Phase-1, Sector-43, Gurgaon, Haryana, India – 122009

School/College Certificate (Form – S)

Policy no(s) _____

- a) Name and Address of the deceased
b) Date of Birth (as per records)
c) Date of Joining school/ college
d) Nature of Duties
e) Date on which deceased last attended school/ college
f) Date, Time and Place of Death
g) Cause of Death
h) Date of Intimation of Illness
i) Date of immediate absence from school/ college
j) When was the death intimation received?
k) Who intimated the death of the deceased?
l) Leave Particulars of the deceased for the past 3 years: (Please attach leave records if required and enclose medical certificates received for sick leaves detailed below)

Table with 4 columns: Nature of Leave, Date of leave, Date of Resuming School/ College, If sick leave, reasons for the same

(Please attach extra sheets if required)

Signature of Principal _____

Name of the Principal _____

Address _____

Tel. _____

Date _____

School/ College Seal _____

Signature of Witness (Mandatory) _____ Date _____

Name _____ Address _____

(This form must be witnessed by any one of the following: (1) An agent of the Company, (2) A Relationship Manager of the Company, (3) A Branch Manager of the distributing bank, (4) A Bank Manager of a Nationalized bank with Rubber Stamp, (5) A Gazetted Officer, (6) A Head Master / Principal of a Govt. School, (7) A Magistrate (8) Any employee of the Company.)