



SCC000101



Canara HSBC Oriental Bank of Commerce Life Insurance Co. Ltd.

139 P, Sector 44, Gurugram-122003, Haryana (India)

**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 / / , : ( a . m . / p . m . ) ,
- 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)

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.)