



SCC 000101



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

2nd Floor, Orchid Business Park, Sector - 48, Sohna Road, Gurugram, Haryana, India – 122018

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.)