

LIFE CERTIFICATE

(To be uploaded in the website before 15th May 2017, after taking the signature of the concerned District Coordinator of A.P. Brahmin Welfare Corporation OR from any Bank Manager in Andhra Pradesh)

To
The Managing Director,
Andhra Pradesh Brahmin Welfare Corporation



THIS IS TO CERTIFY THAT I HAVE SEEN SHRI / SMT / KUM _____

_____, S/o D/o W/o _____

BENEFICIARY OF KASHYAPA FOOD & SHELTER SCHEME OF ANDHRA
PRADESH BRAHMIN WELFARE CORPORATION, WITH REGN. NO. _____

AND THAT HE/ SHE IS ALIVE ON THIS DATE.

PLACE :

NAME :

DATE:

DESIGNATION :

SEAL / STAMP