MEDICAL CERTIFICATE TO PROVE AGE
(To be signed by a registered medical practitioner holding a degree not below that of M.B.B.S.)

	Signature/Thumb(Left) impression of applicant
IDr. Achel	do hereby certify that I
have examined Shri/Smt	undo- rish
	whose
signature /Left thumb impression is gir his/her own statement is 184/11 - ye This certificate is issued to be produc	ars and by appearance about 1890 Wears.
	eu at
Place: Son Dunniki 588	
Date: 06/02/23	Signature of the wedical Officer
Time: 62.55PM	Name: 🕰 मिला चिकित्सालम्
; A	Designation:

* Strike whichever is not applicable.