

LIFE CERTIFICATE

-----SIGNATURE OF THE INDIVIDUAL

Certified that the individual named Shri/Smt./Ms.

Who has signed in my presence and whose photo has been attested by me, is alive, as
on this date.

Name	
Designation of Registered Medical Practitioner with Registered No./ 'A' group officer	

Seal/No of Regd. Medical Practitioner/ 'A' Group Officer

Place:	
Date: (in words)	