

AGE CERTIFICATE

PHOTOGRAPH
OF THE
APPLICANT

This is to Certify that Mr./Ms. _____

S/o,D/o,W/o,Wd/o, _____ Resident

of _____ appeared before me in person and the age

of the applicant as per clinical assessment is assessed as _____

years (Exact Age Only).

**Seal & Signature of
Dental Surgeon**

**Seal & Signature of
Medical Officer**

**Seal & Signature of
BLOCK MEDICAL OFFICER**

No:

Dated: