

# MEDICAL CERTIFICATE TO PROVE AGE

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

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Signature/Thumb(Left) impression of applicant

I Dr. \_\_\_\_\_  
\_\_\_\_\_ do hereby certify that I  
have examined Shri/Smt. \_\_\_\_\_  
\_\_\_\_\_ whose  
signature /Left thumb impression is given above, and found that his /her age according to  
his/her own statement is \_\_\_\_\_ years and by appearance about \_\_\_\_\_ years.

This certificate is issued to be produced at \_\_\_\_\_  
for \_\_\_\_\_

Place:

Date:

Signature of the Medical Officer

Time:

Name:

Designation:

\* Strike whichever is not applicable.