LIFE CERTIFICATE FOR THE PURPOSE OF REGISTRATION OF DOCUMENTS BASED ON POWER OF ATTORNEY

SIGNATUI	RE OF THE INDIVIDUAL	AFFIX PASSPORT SIZE PHOTO OF PRINCIPAL HERE
Certified that the individual r	amed Shri / Smt. / Ms.	
Who has signed in my present on this date.	ce and whose photo has bee	en attested by me, is alive, as
Name		
Designation of Registered Medic Practitioner with Registered No. 'A' group officer		
	Seal/No. of Regd. Medical P	Practitioner / 'A' Group officer
Place:	<u>-</u>	•
Date: (in words)		

ID No. for Group 'A' officers should be their GPF No. / PAN Card No. / Aadhar No. / Voter ID.

The Medical practitioner / 'A' group officer should attest the Photo of the individual and half of the signature should be on the photo and other half on this paper.