

SCHEDULE "C"
CERTIFICATE OF IDENTITY

I hereby certify that Kumari/ Smt. Shri* _____
_____ is known to me personally for the last @ _____
years and she / he is the same person whose name formerly stood in the register with the following
address and qualification\$

I know that she / he is practicing at present, at the following address %

Date _____

Signature _____

Name _____

Office Seal
Registered Medical Practitioner or
Magistrate or Gazetted Officer.

* Insert name of applicant in full
@ Insert period of acquaintance.
\$ Insert (a) address and (b) qualification entered in the register against the applicant's name with number and date thereof.
% Insert the applicant's present address.