

**LIFE CERTIFICATE**

certificated that the practitioner Sri./Smt. ....

.....

(name & address) now residing at .....

.....

holder of registration number ..... is alive on this day

..... day of ..... and that he/she has

signed/given the thumb impression in my presence.

Signature

Name and Designation of the  
authorized Officer

Place:

Date:

Office seal

**DECLARATION**

I, Dr..... S/o or D/o .....

..... Possessing .....

(qualification) and residing at.....

.....

..... (Permanent address with pin code)

hereby declare that I am still continuing to practice as a practitioner in Homoeopathic  
Medicine and my present professional address is .....

Place:

Date:

Signature with

Name:

Regn. No.