

**MEDICAL CERTIFICATE TO PROVE AGE**

(To be signed by a registered medical practitioner)

*Signature / thumb (Left) impression of applicant* .....

I Dr. .... do hereby  
certify that I have examined Shri / Smt. ....  
..... *(name and address)* 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 Government  
Medical Officer / Civil Surgeon  
/ Staff Surgeon/Authorized  
Medical Attendant / Registered  
Medical Practitioner*

*Office seal*