

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

SIGNATURE	PRINCIPAL PHOTO
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Certified that the individual named Shri/Smt.Ms.-----
S/o.----- address-----

----- whose has signed in my presence and whose photo has been
attested by me, is alive, as on this date.

Name:	
Designation of Registered Medical Practitioner with Registered No.-----/ 'A' group Officer	

Seal /No. of Regd. Practitioner/"A" Group Officer

Place:	
Date:(in words)	

*- ID No. for Group 'A' group Officers should be their GPF No./Pan Card No./Aadhaar 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.*