

# CERTIFICATE OF EXISTENCE

I ..... hereby certify that  
Shri / Dr.....Son / Daughter of  
..... personally appeared before me  
on..... and has signed in my presence.

His / Her specimen signature is attested below. I am fully satisfied about his / her identity.

Signature of the Dentist / DM-DH..... Registration No.....  
Address.....  
.....  
.....

Latest  
Photograph  
Duly attested by  
the certifying  
authority and his  
Rubber Seal

Signature of the Certifying Authority  
With full name, address & designation  
Rubber Seal

Dated.....

**Note** : Please send two extra photographs for making your Identity card in future.