

OFFICE OF THE CHIEF DISTRICT MEDICAL OFFICER
CENTRAL & NEW DELHI DISTRICT
DIRECTORATE OF HEALTH SERVICES, GOVT OF DELHI
BAHARGANJ, NEW DELHI-110055
PHONE: 23616835

SELF CERTIFICATION OF AGE BY JSY BENEFICIARY

This is to certify that I, Smt.-----wife of
Shri----- and resident of -----

am -----years of age.

Signature/. Left thumb

Impression of Smt.

Name & Signature

with seal of the Incharge

Of the Hospital/Dispensary