**Govt. of Jammu & Kashmir**

**Office of the District Medical Board …………………………………………………………………**

**No: ……………………………… Dated: ……………………………….**

Age Certificate

 This is to certify that Shr/ Smt ………………………………………………………………………………………………

S/O D/O W/O ………………………………………………………………………………………………. R/O ………………………….

District…………………………………… whose photograph is attested at “A” is ……………………..………………….. years old as on …………………/…………………../20………………

Place: …………………………………………..

 Signature of members

“A” 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Photograph of the worker to be attested

 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Chairman**

 **District Medical Board**

 **Kulgam.**