

CERTIFICATE OF EXISTENCE

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

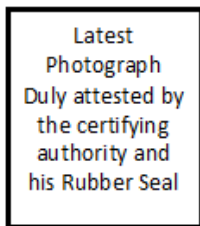
His/Her specimen signature is attested below. I am fully satisfied about his/her identity.

Signature of the Dentist/DM/DH Registration No.

Address

.....

.....



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

Dated: