

FORM-C

[See regulation 7 (5)]

Undertaking for Life Certificate

I..... S/o.....

registered at State Medical council of.....

at Registration No..... residing at.....

do hereby solemnly declare and affirm that I am alive.

Place:

Date:

(Signature)

Name & Present Address:

Mob no:

Email:

(Counter Signature by Bank officer in which Account of RMP exist or any Gazetted officer)