

**OFFICE OF THE CHAIRMAN  
DISTRICT MEDICAL BOARD BANDIPORA  
(Mini Secretariat Bandipore 193502)**

**AGE CERTIFICATE**

PHOTOGRAPH

Certified that Mr./Mrs.....S/o D/o,

W/o.....Tehsil.....

District Bandipora presented himself/herself in District Medical Board Bandipore on

...../...../..... After physical/documental examination his/her approximate age is

..... His/Her photograph is attested above.

**Member of the Board**  
Dr-----

**Member of the Board**  
Dr-----

**Chairman**  
**District Medical Board Bandipore**

No: CMO/DMB/Bpr/\_\_\_/\_\_\_\_\_

Dated: - \_\_\_/\_\_\_/\_\_\_\_\_