# FORM-IX

*[See Rule 9]*

## Certificate of Age

I hereby certify that I have personally examined (Name) ....................

................................................ Son/Daughter of........................................residing at

............................... and that he/she has completed his/her fourteenth/eighteenth year of age.

Description marks are :-

1.

2.

*Signature or thumb impression of employee.*

*Medical Practitioner.*

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