

FORM-VIII

[See Rule 8 (5)]
Register of Appeals

Sl. No.	Name and address of the applicant	Date of appeal	Date of Presentation of appeals.	Date of hearing	Date of final order.	Whether allowed or rejected
(1)	(2)	(3)	(4)	(5)	(6)	(7)

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.

Medical Practitioner.

*Signature or thumb
impression of employee.*