

**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)