

**Form O**  
[ Rule 21 ]  
**Form of Certificate**

I hereby certify that I have personally examined (Name) ..... son/daughter of  
..... residing at ..... and that he/she has completed .....  
his/her twelfth/seventeenth year.

His/her description marks are .....  
Signature of the employee or his thumb impression.

Date :

Medical Practitioner