

SELF DECLARATION

I Dr. holder of NIC
(Full Name)

..... of
(NIC No) *(Address)*

do hereby declare as follows:

My professional private practice average income for the last 6 months is

Rs. (=)
(Amount in words / Figures)

per mensem.

I further declare that the above mentioned information furnished by me is true and accurate.

.....
Signature

.....
Date