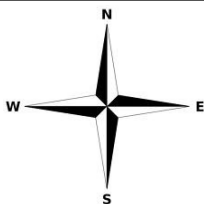


Format of Layout/Map of Shop/Premises

Name of Shop/Firm: M/s

Map Diagram



Details of Area
Length: _____ meters
Width: _____ meters
Total Area: _____ sq. mts

Declaration of Recognized Person(s)

I/We hereby declare that area of premises has physically verified by me/us. Information given regarding area of premises on map of said medical store is true and correct. I/We have willingly provided my photo identity proof to the owner of the shop.

Name of Person 1

Name of Person 2

Address of Person 1

Address of Person 2

Signature of Person 1

Signature of Person 2

Signature of Medical Shop Owner
