

LEFT/RIGHT HAND THUMB AND FINGER IMPRESSION

1. Little Finger_____ 2. Ring Finger_____
3. Middle Finger_____ 4. Fore Finger_____
5. Thumb_____

SPECIMEN SIGNATURE OF

1. _____
2. _____
3. _____

Signature_____

Name:-_____

Designation: _____

O/O _____

Countersigned

Head of Division

With official Stamp