

Address: _____

L/F NO: _____

Mobile: _____

Date: _____

To,
THE SECRETARY
SHRI K D O JAIN GNATI MAHAJAN
MUMBAI

SUB: JAIN CERTIFICATE

R/S,
PLEASE ISSUE JAIN CERTIFICATE IN FOLLOWING NAMES MENTIONED BELOW.

VASTI PATRAK NO: _____

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

THANKING YOU
YOURS FAITHFULLY

NAME: