

OPTION

I hereby opt to draw Non-

Practicing Allowance and shall not undertake any private practice and charge professional fee during the year 2024.

Signature :

Name :

Designation :

Place :

Date of Submit :

NON PRIVATE PRACTICE CERTIFICATE

It is certified that no Private Practice was undertaken by me and no Professional fee was received during the Month :..... for which NPA/NCA is

admissible to me.

Signature :

Name :

Date of Submit :

Designation :
