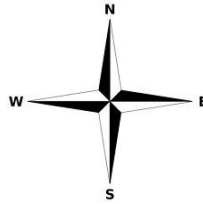


Format of Layout/Map of Shop/Premises

Name of Shop/Firm: M/s

Map Diagram



Address & Signature of Medical Shop Owner

Details of Area

Length: _____ meters

Width: _____ meters

Total Area: _____ sq. mts