SPECIMEN THUMB IMPRESSION

Specimen Thumb Impression of

Mr./Miss/Mrs. _____

S/o, D/o, W/o _____

Working as _____on the day

of retirement and his Thumb Impression on are appended below for use in the District Account Officer for Accountant General's Office etc.

1. Little Finger _____
2. Ring Finger _____
3. Middle Finger _____
4. Fore Finger _____
5. Thumb Impression _____

Dated_____ ATTESTED

_____