verified/es

VOLUNTARY SURRENDER OF CERTIFICATE

TO PRACTICE MEDICINE AND SURGERY

I, _____, M.D., am aware of my rights to representation by counsel, the right of being formally charged and having a formal adjudicative hearing, and do hereby freely execute this document and choose to take the actions described herein.

I, RASIKLAL N. AMIN M.D., do hereby voluntarily, knowingly, and intelligently surrender all rights to practice medicine under my certificate to practice medicine and surgery, No. 40499, to the Ohio State Medical Board.

I understand that as a result of the surrender herein that I am no longer permitted to practice medicine and surgery in any form or manner in the State of Ohio.

I agree that I shall be ineligible for, and shall not apply for, reinstatement of certificate to practice medicine and surgery No. _____, or issuance of any other certificate pursuant to Chapters 4730. and 4731., Ohio Revised Code, on or after the date of signing this Voluntary Surrender of Certificate to Practice Medicine and Surgery.

I hereby authorize the State Medical Board of Ohio to enter upon its Journal an Order revoking my certificate to practice medicine and surgery, No. _____, in conjunction with which I expressly waive the provision of Section 4731.22(B), Ohio Revised Code, requiring that six (6) Board Members vote to revoke said certificate, and further expressly and forever waive all rights as set forth in Chapter 119., Ohio Revised Code, including but not limited to my right to counsel, right to a hearing, right to present evidence, right to cross-examine witnesses, and right to appeal the Order of the Board revoking my certificate to practice medicine and surgery.

Signed this 1st day of August, 1989 in the office of

Rasiklal N. Amin

Diana Reeth MD
WITNESS

WITNESS

AUG 23 1989

SEAL

Notary Public

CARL BOWER
Notary Public State of New York
No. 43-4501339
Qualified in Richmond County
Commission Expires Dec. 31, 1990