

MEDICAL CERTIFICATE

Certified that Shri / Smt. _____
son/wife/daughter/father/mother of Shri/Smt. _____
serving as _____ employed in the office of the _____
_____ is under my treatment for
_____ as on Outdoor/Indoor patient vide Regd. No. _____
Date _____.

The disease is being chronic in nature. He/She requires prolonged
treatment with costly medicines for an approximate period of _____ years /
months and in my opinion an approximate amount of Rs _____/-
(Rupees _____) only will be required to meet
the expenses.

Signature of Medical Officer with seal.