

# MEDICAL CERTIFICATE FOR AVAILING FINANCIAL ASSISTANCE FOR TREATMENT

*(To be issued by the Head of Hospital where the patient undergoes treatment)*

1. Name and Address of the Patient :
  
2. OP/IP No. with date of registration/  
admission :
  
3. Description of disease :
  
  
4. Treatment recommended :
  
  
5. Expenditure already incurred, if any :
  
  
6. Anticipated expenditure of the treatment :  
undergoing/recommended
  
  
7. Remarks :

Date :

*Signature and Name of the issuing  
authority and Name and address of  
the Hospital.*

(Office Seal)