

C-1

C E R T I F I C A T E

Certified _____ that _____ Shri/Smt./Kumari

Son/Wife/Daughter/Husband _____ of _____ Shri/Smt.
_____ of the Department of _____ Age
_____ years was suffering from
_____ (Disease) Since _____
and under my treatment. He/She paid visit/visits to my residence on
_____ At _____ AM/PM.

I charged Rs. _____ (Rupees _____
only) for my consultancy.

Signature & Designation of the authorised
medical attendant of attached hospitals of
SMS Medical College or Govt. Hospitals
situated at Unit Offices.