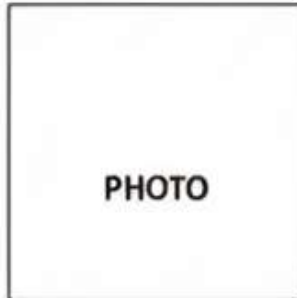


## **CERTIFICATE**

( Certificate to be issued by Clinical/ Medical/Radiation/Surgical Oncologist for availing KSRTC travel concession purpose)



Certified that Shri/Smt.....is  
registered in this hospital/ department as a cancer patient with CR / MRD  
No..... He/She is advised  
.....treatment from  
this institution.

The anticipated duration of treatment is .....

*Note: This certificate is valid for travel concessions for cancer patients in eligible KSRTC buses for six months only from the date of issue.*

Date of issue.

Name & Signature of Dr.

Place.

Reg No.

[Hospital Seal]

]