

**MEDICAL CERTIFICATE
FOR AVALING FINANCIAL ASSISTANCE FOR TREATMENT**

(To be issued by the Head of the Hospital where the patient under goes treatment)

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

Office Seal

Signature & Name of the
Head of the Hospital with Designation