

**MEDICAL CERTIFICATE FOR AVAILING
FINANCIAL ASSISTANCE FOR TREATMENT**
(To be issued by the Head of the 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 the 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