

MEDICAL CERTIFICATE FOR CANCER

Certified that Thiru/Tmt. _____ S/o. D/o. _____

Aged _____ years Ex.No. _____ Rank: _____ Name: _____

Male/~~Female~~ is suffering from _____

_____ (Medical Term to be specified). He /She is taking continuous

treatment at _____ (Hospital Name to be specified). He/She cannot

look after himself/herself. His/Her percentage of disability is _____ %

Signature
Specialist Doctor.

Office Seal of Hospital

Countersigned by

Dean,
Medical College

(Or)

District Joint Director,
Health Services.