

{राजकीय चिकित्सालय के संबंधित चिकित्सक द्वारा जारी संभावित चिकित्सा व्यय प्रमाण-पत्र (मय स्पष्ट मोहर) का प्रारूप}

TO WHOM IT MAY CONCERN

This is to certify that Shri/Smt./Kum S/W/D of
..... Resident of
..... is suffering from
..... which is covered under the scheme/ is
a serious disease. The patient is under the care of
..... (name of Hospital with
Department & Unit) He/She requires The
approximate expenditure involved in diagnosis/treatment is Rs.....
(in words Rs.....) & estimated date of operation
.....

Date

Signature of
Treating Doctor with
Seal