

TRM2

(Note A to Item XI of Part A of Annexure I to Chapter 8)

**Form of certificate to be issued by a medical practitioner
nominated by Indian mission etc. abroad**

MEDICAL CERTIFICATE

I hereby certify that I have personally examined _____
(Name - Block letters)

(address)

and he/she is suffering from _____

(ailment).

I recommend that he/she undergoes immediate medical treatment for which he/she will be
required to stay for about _____ days in _____
(Name of the country)

The cost of the medical treatment will be approximately _____

Place:
Date:

(Signature of Medical practitioner)
Name _____
Designation _____
Registration No. _____
Address _____
