

(PLEASE GET THE FOLLOWING DETAILS ON THE
LETTER HEAD OF THE HOSPITAL / DOCTOR)

To whomsoever it may concern

This is to certify that Mr./Ms. _____

had come to me with complaints of: _____

with which he/she has been suffering, since _____

He/She has been diagnosed to have /as - _____

_____ on _____

He/ She has been on the following Long Term Treatment (Diabetes, Hypertension etc.):

_____ since _____

_____ since _____

_____ since _____

Signature of the Physician.