**JIET’X ONE CLINIC**

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**Address**  
**9257159360 | JIET24@gmail.com | www.jiet.com**

**MENTAL HEALTH CERTIFICATE**

**Certificate No. :**   
**Date:**

This is to certify that after careful examination and evaluation by the undersigned, **Mr./Ms. ………………….**, aged **…….. years**, son/daughter of **…………………….,** residing at **…………………..**, is found to be a person with **………………….**

Based on comprehensive clinical assessment and psychological evaluation, it is found that the individual:

* **[Is/Is not] suffering from any major psychiatric disorder.**
* **[Is/Is not] under psychiatric treatment.**
* **[Is/Is not] capable of making decisions and understanding the nature and consequences of their actions.**
* **[Is/Is not] fit to perform routine daily functions, including [e.g., employment, education, legal obligations, etc.].**

At the time of evaluation, the mental state examination showed **normal/abnormal** findings, and there were **no significant impairments/significant impairments** observed in behaviour, thought process, orientation, memory, or judgment.

This certificate is issued on request for**…………………………………..**, and it holds validity until ………………………………**,**unless a re-evaluation is recommended earlier.

Sincerely,

Doctor’s Name

Qualification

Designation

Signature and Stamp