

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:

_____ (Signature of Medical practitioner)

Date:

Name _____

Designation _____

Registration No. _____

Address _____