FORM NO. 10-I

[*See* rule 11DD]

Certificate of prescribed authority for the purposes of section 80DDB

1. Name of the Patient Raj Kumar (RAJ KUMAR)
2. Address H. H. 217/1765 14th – Ground Nagar Near Ram Lila Ground SRB
3. Father's name Sh. Firozi Lal
4. Name and address of the person on whom the patient is dependent and his relationship with the patient. Smt Neelam Same (Wife) (11)
5. Name of the disease or ailment (please *see* rule 11DD) Raj Kumar (Cancer)
6. For diseases or ailments mentioned in item (*i*) of clause (*a*) of sub-rule (1), whether the disability is 40% or more (Please specify the extent).
7. Name, address, registration number and qualification of the specialist issuing the certificate, along with the name and address of the Government hospital [*see rule* 11DD(2)]

Verification

This is to verify that I, Dr. Mukesh Kumar Singhal s/o (w/o) Shri Durga Shya, in the case of the patient Shri/Smt./Ms. Raj Kumar, after considering the entire history of illness, careful examination and appropriate investigations, am of the opinion that the patient is suffering from Cancer (Breast) disease/ailment during the previous year ending on 31st March.

I also certify (only in case of neurological disease) that the extent of disability is more than 40%) (Strike off, if not applicable).

I certify that the information furnished above is true to the best of my knowledge.

Date _____
Place _____

Signature

सहायक आचार्य
आचार्य [illegible] कैंसर चिकित्सा
एवं अनुसंधान केन्द्र
मेडिकल कॉलेज एवं स. चि. कॉ.
बीकानेर

(Name and Address)

To be countersigned by the Head of the Government hospital, where the prescribed authority is a specialist with post-graduate degree in General or Internal Medicine.

Date _____
Place _____

Signature

सहायक आचार्य
आचार्य [illegible] कैंसर चिकित्सा
एवं अनुसंधान केन्द्र
मेडिकल कॉलेज एवं स. चि. कॉ.
बीकानेर

(Name and Address)