

**MEDICAL CERTIFICATE**

**Department of Social Services-North Western Province**

(Ministry of Social Welfare, Probation & Childcare, women's Affairs, Rural Industries

Development and Rural Development – N.W.P)

**SPECIAL DISEASE / CHRONIC KIDNEY DISEASE FINANCIAL ASSISTANCE**

Name of applicant .....

Usual Address of Residence: .....

Age: ..... Male /Female:.....

Name of Clinic / Govt. Hospital:

Diagnosis, Treatment, Medical Officer's Opinion and Recommendation (percentage of impairment of earning capacity):

Chronic kidney Disease Assistance, whether Haemodialysis carried out or not:

Date of Issue:

Name , Rank, Designation and Signature of Consultant/ Medical Officer.