

CERTIFICATE FROM THE TREATING SPECIALIST

I Dr. _____ working

As _____ in the Hospital

_____ hereby certify

That Shri / Smt./Mis / Master _____ Age _____

S/O, W/O, D/O, S/O _____ is

Suffering from _____ (Diagnosis of Diseases)

For the last _____ Days _____ Month _____ Years _____.

This is a life threatening disease. For his / her treatment , the following

Medicine / drugs / equipments are required in the quantity and strength

(in the case of drugs) given below :

Name of the drug / medicine / equipment	Strength / Mum.	Quantity
---	--------------------	----------

I hereby certify that above mentioned drugs / medicines / equipments are life-savings to the patients and are not manufactured and marketed in India. I recommend that The above drugs / medicines /equipments should be imported for saving the life of The part.

Signature of the Doctor with Date

Designation

Name of the Hospital