

All India Institute of Medical Sciences

Virbhadra Road, Rishikesh - 249201, Uttarakhand

Medical Certificate number-MS/AIIMS/RIS/2016-

Date: - / /2016

Medical Certificate

This is to certify that Mr./Mrs/Ms.....Age

.....S/o,D/o,W/o.....R/o

..... Whose signature is attested

below is suffering from..... under the

treatment of Dr. with hospital

registration no....., He/ She has been advised rest

w.e.f.....to

(Attested signature of patient)

(Consultant's Signature with stamp)

Name -

Designation -

Department-

Countersigned

Medical Superintendent/Deputy Medical Superintendent

All India Institute of Medical Sciences
Virbhadra Road, Rishikesh – 249201, Uttarakhand

Medical Certificate number-MS/AIIMS/RIS/2016-

Date: - / /2016

Treatment Certificate

This is to certify that Mr./Mrs/Ms.....Age
.....S/o,D/o,W/o.....R/o.....
..... Whose signature is attested below is suffering
from..... under the treatment of Dr.
.....since
with hospital registration no.....

(Attested signature of patient)

(Consultant's Signature with stamp)

Name -

Designation -

Department-

Countersigned

Medical Superintendent/ Deputy Medical Superintendent