



अखिल भारतीय आयुर्विज्ञान संस्थान
ALL INDIA INSTITUTE OF MEDICAL SCIENCES

वीरभद्र रोड, ऋषिकेश-249201
Virbhadr Road, Rishikesh - 249201

उत्तराखण्ड
Uttarakhand

Medical Certificate number-MS/AIIMS/RIS/ 2023 -

Date: - / /2023

Medical Certificate

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

Age yrs male/female, S/o,D/o,W/o.....

R/o having

UHID No. whose signature is attested below is diagnosed for.....

and is under the treatment of Dr., He/ She has been advised

rest w.e.fto As per patient's/attendant request, this

certificate is issued for the purposes of.....

Signature of patient.....

Consultant's Signature with stamp

Attested by

Name -

Designation -

Department-

This certificate is issued & counter signed only for the purpose as stated above.

Countersigned

Medical Superintendent/Deputy Medical Superintendent

Not for Medico legal Purposes



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Medical Certificate number-MS/AIIMS/RIS/2023-

Date: - / /2023

Treatment Certificate

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

Age male/ female, S/D/W/o.....

R/o having

UHID No. is and signature is attested below is diagnosed for.....

..... and

under the treatment of Dr.ofdepartment. As per

patient's/attendant request this certificate is issued for the purposes of.....

.....

Signature of patient.....

Consultant's Signature with stamp

Attested by

Name -

Designation -

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Uttarakhand

Medical Certificate number-MS/AIIMS/RIS/2023-

Date: - / /2023

Medical Certificate/Fitness Certificate

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

Agemale/female, S/D/W/o.....

R/o.....

UHID No. is diagnosed with.....

.....and under the treatment of

Dr..... He/ She has been

advised rest w.e.f.....toand is/will fit to resume duty

on..... As per patient/attendant request this certificate is issued for the

purposes of.....

Signature of patient.....

Consultant's Signature with stamp

Attested by

Name -

Designation -

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To whom so ever it May Concern

This is to certify that Mr./Mrs/Ms

Age Yrs., Male/Female, S/D/W/o

R/o

UHID No....., has been diagnosed with.....

and requires

The estimated expenditure is as follows-

Surgery/Hospitalization Rs.

Medicines & Consumables Rs.

Investigations Rs.

Implant/Others (specify)..... Rs.

Total Rs.

Total (In Words)

Signature of Patient

Signature & Stamp of Consultant

Attested by

Counter Signed

Medical Superintendent/Deputy Medical Superintendent

Not for Medico legal Purposes