

**TRM2**

(Note A to Item XI of Part A of Annexure I to Chapter 8)

**Form of certificate to be issued by a medical practitioner  
nominated by Indian mission etc. abroad**

**MEDICAL CERTIFICATE**

I hereby certify that I have personally examined \_\_\_\_\_  
(Name - Block letters)

\_\_\_\_\_  
\_\_\_\_\_  
(address)

and he/she is suffering from \_\_\_\_\_  
\_\_\_\_\_  
(ailment).

I recommend that he/she undergoes immediate medical treatment for which he/she will be  
required to stay for about \_\_\_\_\_ days in \_\_\_\_\_  
(Name of the country)

The cost of the medical treatment will be approximately \_\_\_\_\_

Place: .....  
Date: .....

\_\_\_\_\_  
(Signature of Medical practitioner)  
Name \_\_\_\_\_  
Designation \_\_\_\_\_  
Registration No. \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_