CERTIFICATE

I certify	that Mr	/Mrs/Kum/Mast						has	been
under	my	treatment	and	he/she				,	
				and	that	the	5	med	icines
					prescri	ibed	by	me	are
	f		and the second states						

essential for the recovery of his/her health.

Date :-

Medical Officer/AMO/PMO

CERTIFICATE

I certify that Mr/Mrs/Kum/Mast ______ has been under my treatment and he/she is suffering from ______ and that the medicines prescribed by me are essential for the recovery of his/her health.

Date :-

Medical Officer/AMO/PMO

CERTIFICATE

I certify	that Mr/	'Mrs/Kum/Mast						has	been
under	my	treatment	and	he/she and	is that			from medicines	
					prescri				
essential	for the r	ecovery of his/h	er health	ı.					

Date :-

Medical Officer/AMO/PMO

CERTIFICATE

I certify	that M	1r/Mrs/Kum/Mast						has	been
under	my	treatment	and	he/she	is that	suff	fering	J	from
				and		the		medicines	
					presc	ribed	by	me	are
essential	for the	e recovery of his/h	er hea	lth.					

Date :-

Medical Officer/AMO/PMO