

**TRM 2**

(Note A to Item XI of Part A of Annexure I to Chapter8)

**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 or about \_\_\_\_\_ days in \_\_\_\_\_  
(Name of the country)

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

Place: \_\_\_\_\_

\_\_\_\_\_  
(Signature off Medical practitioner)

Date: \_\_\_\_\_

Signature \_\_\_\_\_  
Name of the applicant \_\_\_\_\_  
Registration No. \_\_\_\_\_  
Address: \_\_\_\_\_