

COMPLICATED CHRONIC DISEASE CERTIFICATE

Name of the State Govt. :
Medical Hospital / Institute :
Issuing Certificate :

Validity of Certificate : From _____
To _____

Certified that Shri. / Smt. _____ W/o _____

Age _____ years working in the office of _____ Chandigarh
as _____ and resident of house _____

has been examined in PGIMER Chandigarh by Dr.(s) _____ .

He is suffering from _____

and this disease has been declared as complicated Chronic disease by Punjab Govt. vide Annexure 'A' of their letter
No 12/69/98-51 HBV/21329-21333 dated the 1st September 2000 PPO No. _____

(in case of retiree)

Signature of patient examined _____

The patient shall present himself/herself on _____ for fresh up

Name & Signature of the
Head of the Department
In which the patient is
Examined (With Seal)

Name(s) Signature(s) of
Doctor(s) with seal

(Name & Signature of the Principal Medical
Superintendent of the Institute (With Seal)