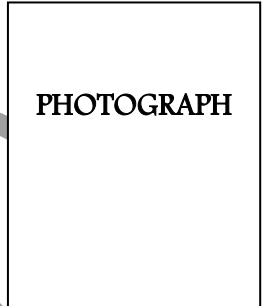


**OFFICE OF THE CHAIRMAN
DISTRICT MEDICAL BOARD BANDIPORA
(Mini Secretariat Bandipore 193502)**

FINANCIAL ASSISTANCE ONLY



Certified that Mr./Mrs.....S/o D/o,

W/o.....Tehsil.....

District Bandipora presented himself/herself in District Medical Board Bandipore on

...../...../..... After physical/documental/clinical examination it was found that

he/she is suffering from

and is on drug treatment which costs him/her approximately in

words

Member of the Board
Dr-----

Member of the Board
Dr-----

Chairman
District Medical Board Bandipore

No: CMO/DMB/Bpr/___/_____

Dated: - ___/___/_____