

KARUNYA BENEVOLENT FUND
MEDICAL CERTIFICATE

(To be submitted along with the application and other documents for pre-authorisation in emergency cases)

Certified that the following person is required emergency treatment and hence necessary financial assistance from Karunya Benevolent Fund may be sanctioned at the earliest.

Name & address of the Patient			
Age		Gender	Male / Female
I P No.		Date:	
Type of disease			
Brief description of treatment required			
Approximate Amount required for treatment			
Remarks			

Name & Signature of consulting Doctor

Name & Address of the Govt. Hospital

Place:

Date:

(Seal)