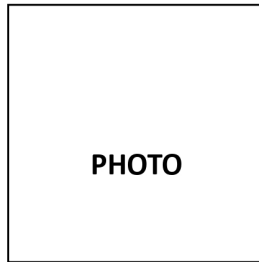


CERTIFICATE

(Certificate to be issued by Clinical/ Medical/Radiation/Surgical Oncologist for availing KSRTC travel concession purpose)



Certified that Shri/Smt.....is
registered in this hospital/ department as a cancer patient with CR / MRD
No..... He/She is advised
.....treatment from
this institution.

The anticipated duration of treatment is

Note: This certificate is valid for travel concessions for cancer patients in eligible KSRTC buses for six months only from the date of issue.

Date of issue.

Name & Signature of Dr.

Place.

Reg No.

[Hospital Seal

]