

GURU NANAK DEV UNIVERSITY, AMRITSAR
(HEALTH CENTRE)

COMPLICATED CHRONIC DISEASE CERTIFICATE
(Only for Medical Reimbursement)

Validity of Certificate from _____ to _____

Certified that Mr./Mrs. _____

Son/Daughter/Husband/Wife/Father/Mother

of S./Sh. _____

Age _____ working in/retired from office of the

_____ as _____

And resident of House No: _____

Dist. _____ has been examined in this Health Centre by Dr.(S)

_____ today on _____. He/She is suffering from

_____ and this disease has been declared as

Complicated Chronic Disease of Pb. Govt., vide annexure 'A' of their letter No:12/69/98-5HBV/21329-21333 dated: 01-09-2000.

P.P.O. No. _____ Dated _____ (in case of retired)

Signature of the patient examined _____

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

(Prof. Bholla Singh Sidhu
Expert Surgery

(Prof. T.P. Singh Baryah)
Expert Medicine

(Dr. Harinder Pal Singh)
Sr. Medical Officer

(Dr. Harpreet Kaur)
Medical Officer

S. Sukhnandan Singh
D.R. (Accounts)

Prof. (Dr.) S. S. Dhillon
Registrar

(Prof. Kuldip Singh)
Chairman, Med. Committee

(Dr. Sunil Kumar)
Incharge, Health Centre