



MINISTRY OF HEALTH AND FAMILY WELFARE GOVERNMENT OF INDIA

REGISTRATION NO. 12345678901234567890
DATE OF ISSUE: 12/12/2023
EXPIRY DATE: 12/12/2024

Sl. No.	Particulars	Amount	Total
1	Registration Fee	100.00	100.00
2	Medical Examination Fee	200.00	300.00
3	Prescription Fee	50.00	350.00
4	Medicine Fee	150.00	500.00
5	Consultation Fee	100.00	600.00
6	Investigation Fee	200.00	800.00
7	First Aid Fee	50.00	850.00
8	Emergency Fee	100.00	950.00
9	Other Fee	50.00	1000.00
10	Grand Total		1000.00

Signature of Doctor: _____
Signature of Patient: _____
Signature of Witness: _____

LAHORE, PUNJAB

For the purpose of this certificate, the patient has been examined and found to be suffering from the following disease:



12/12/2023