FORM NO. 10-I

[See rule 11DD]

Certificate of prescribed authority for the purposes of section 80DDB

Name of the Patient	
Address	
Father's name	
Name and address of the person on whom the patient is dependent and his relationship with the patient.	
Name of the disease or ailment (please <i>see</i> rule 11DD)	
For diseases or ailments mentioned in item (<i>i</i>) of clause (<i>a</i>) of sub-rule (1), whether the disability is 40% or more (Please specify the extent).	
Name, address, registration number and qualification of the specialist issuing the certificate, along with the name and address of the Government hospital [see rule 11DD(2)]	
Verification	
is to verify that I, Dr.	s/o (w/o)
idering the entire history of illness, careful examination and appropriate ion that the patient is suffering from	investigations, am of the
o certify (only in case of neurological disease) that the extent of disability f not applicable).	is more than 40%) (Strike
tify that the information furnished above is true to the best of my knowledge	e.
	Signature
	(Name and Address)
be countersigned by the Head of the Government hospital, where the ialist with post-graduate degree in General or Internal Medicine.	prescribed authority is a
	Signature
	(Name and Address)
F Na N (F sti N s c	Address Father's name Name and address of the person on whom the patient is dependent and his relationship with the patient. Name of the disease or ailment please see rule 11DD) For diseases or ailments mentioned in item (i) of clause (a) of sub-rule (1), whether the disability is 40% or more (Please specify he extent). Name, address, registration number and qualification of the specialist issuing the certificate, along with the name and address of the Government hospital [see rule 11DD(2)] Verification is to verify that I, Dr, in the case of the patient Shri/Smt./Ms dering the entire history of illness, careful examination and appropriate on that the patient is suffering from ous year ending on 31st March, occrify (only in case of neurological disease) that the extent of disability frot applicable). ify that the information furnished above is true to the best of my knowledge the countersigned by the Head of the Government hospital, where the alist with post-graduate degree in General or Internal Medicine.