



Form No.KBF- 7A V.2.0

KARUNYA BENEVOLENT FUND
MEDICAL CERTIFICATE

(To be submitted along with the application and other documents for getting 48 hrs exemption for submitting application in the case of emergency surgeries undertaken at Govt. Hospital)

Certified that the following person underwent emergency surgery and required financial assistance from Karunya Benevolent Fund. The required amount may be sanctioned at the earliest.

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

Name & Signature of consulting Doctor

Name & Address of Govt. Hospital

Place:

Date:

(Seal)