

**Certificate for candidates applying under the reserved category for  
Cancer/Thalassemia/AIDS**

Candidates applying for admission under Cancer/AIDS/Thalassemia Patient category must produce the **certificate** in original from Medical Institute of National repute like PGIMER and AIIMS.

**Detailed Address of Issuing Physician and Hospital  
(Mention serial number and date with phone number and address)**

Photograph To be attested by the Physician
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This is to certify that Mr./Ms./Mx. \_\_\_\_\_ (Name of the student), Date of Birth: \_\_\_\_\_ C.R./OPD No. \_\_\_\_\_ D/o / S/o \_\_\_\_\_ (Mother's / Father's Name), resident of \_\_\_\_\_ (complete address), is a diagnosed case of \_\_\_\_\_ (Cancer / Thalassemia/ AIDS)\*. She/He is undergoing treatment for the same under my care.

\_\_\_\_\_  
(Signature of the Patient)

Attested

\_\_\_\_\_  
(Signature of the Physician)

Name and address of the Physician \_\_\_\_\_

\_\_\_\_\_  
Stamp of the Physician

\*Strike out whichever is not applicable.