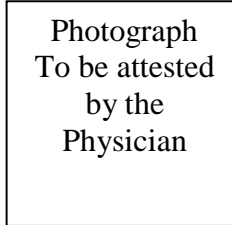


**Certificate for candidates applying under the reserved category for Cancer/Thalassemia/AIDS
(For institutes of Panjab University only)**

Detailed Address of Issuing Physician and Hospital

(Mention serial number and date with phone number and address)



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.