

FORM COMP.'B'

[See rule 255 (i)(iii),255 (1) (iii) 281(1)(iv)]

O R I G I N A L

No. A.

No.

..... Hospital

Date

I certify that I have this day _____

_____ examined _____

_____ who states he was accidentally injured on _____

_____ and was admitted into this Hospital on _____

_____ and discharged on _____

_____ and treated in the O.P.D. from _____ to _____

In my opinion, the injury or injuries which he has suffered by reason of the accident involve-

(a) Permanent privation of the sight of either eye or the hearing of the either ear or privation of any member or joint :

(b) destruction or permanent impairing of the powers of any member or joint or

(c)Permanent dis figuration of the head or face.

Medical Officer incharge,

Signature of Thumb-Impression
of the applicant.