Annexure-V

FORM –A

MEDICAL CERTIFICATE

This is to certify that the patient.....
.....is suffering from.....
.....facilities for treatment of which are not available in this State. The patient is, therefore, advised to seek such facility outside this State.

.....
Signature of Medical Superintendent
Goa Medical College

Office Seal.

Annexure -VI

FORM ' B'
INCOME CERTIFICATE

This is to certify that .....
is a permanent resident of Goa residing for the last 15 (fifteen) years and having his/her residence at.....H.No.....Ward....
.....Village.....
.....,taluka.....and that his/her income and that of the members of the family from all sources does not exceed Rs.1,50,000/- per annum.

It is further certified that.....
is a voter and his/her name is registered at Sr.No.....of Voters list/holding permanent Ration Card No.....maintained in this office.

It is certified that.....
parent/guardian of the minor is a voter and his name is registered at Sr.No..... of voters List/holding permanent Ration Card No.....
.....maintained in this office.

.....
Signature
Mamlatdar
Office Seal