Select Date: Click here to enter a date.

**CERTIFICATE**



**“TO WHOM SO EVER IT MAY CONCERN”**

This is to state that this person with the following personal details has consulted us by email for Surgical Treatment at this Hospital. The total treatment shall not take more than SIX WEEKS.

Name : Click here to enter text.

Postal Address : Click here to enter text.

Date of Birth : Click here to enter text.

Passport Number : Click here to enter text.

Country : Click here to enter text.

Nationality : Click here to enter text.

Passport Issued on : Click here to enter a date.

Passport Expires on : Click here to enter a date.

The above person may hence be provided a MEDICAL VISA for travel to India for the purpose of treatment. The VISA issuing agency may kindly make its own judgment for issuing the VISA.

The above person, is not personally known to me or any staff of the Hospital

Dr. R. K. Mishra

MD, Plastic & Cosmetic Surgeon

SIPS Super Specialty Hospital