

Annexure – ‘A’ Form

CERTIFICATE FROM ATTENDING DOCTOR OR NURSING HOME/ HOSPITAL DOCTOR OF CLAIMANT.

1. Name of patient:

2. Age / Gender of patient:

3. Current Diagnosis:

4. DOA with Time:

DOD with Time:

5. Since when patient is suffering from current ailment:

6. Cause / Etiology of ailment

6. Any major diseases if patient is suffering from Diabetes, Hypertension, Renal diseases or any other, if yes please specify with duration:

7. Is the disease suffered require hospitalization: Yes / No

8. Is the hospital registered with local authorities:  
( Pls write reg. No. and provide copy of Reg. Certi.  
Along with this.)

9. No. of beds in the nursing home:

10: OT facility: Yes / No.

11. Round the clock availability of Qualified medical & nursing staff: Yes / No.

12. In case of accidents / Injury / Burns / Poisoning etc relevant events :  
i) MLC / FIR done: Yes / No  
( Pls provide copy of MLC / FIR along with this.)  
ii) History of Alcohol / intoxication at the time of incident: Yes / No  
iii) Detailed narration of incidence :

13. In case of Maternity claim, No. of living children before this delivery / Hospitalization:  
i) Detailed Obstetric History :  
ii) No. of living Children before this delivery / Hospitalization:

Date:

Signature of Attending Doctor (with  
Name, Stamp and Registration No.)