

SPMCIL EMPLOYEES PROVIDENT FUND TRUST

Declaration Form 31 Medical

Medical Certificate to be issued

- i) In case of major surgical operation or with the hospitalization for month or more had or has become necessary the doctor of the govt. E.S.I./Private Hospital should issue a Medical Certificate.
- ii) In case of treatment of T.B., Laprosey, paralysis or cancer by a doctor of govt./Private Hospital E.S.I./or By a Regd. Medical Practitioner.
- iii) In case of treatment of heart ailment or mental derangement: By a specialists Doctor.

Certificate that Sh./Smt./Kumar.....S/o, W/o, D/o.....

- i) is suffering from T.B./Leprosy/Paralysis/Cancer/Mental Derangement/Heart ailment.
- ii) is suffering fromfor which a major surgical operation and hospitalization for a period of.....days from.....toor he has become Necessary.
- iii) us suffering from.....and hospitalization for a period.....days from.....to.....had or has become Necessary.

Cross if not applicable

Signature of Doctor with dated seal

Signature of Employer/authorized official with dated seal