

To
The Senior Medical Officer,
CCS HAU, Hisar

Sub: Renewal of chronic disease certificate.

Respected Sir,

I/My _____ is a patient of _____. I am taking regular treatment for the same. A Chronic Disease Certificate issued by the District Medical Board, Hisar which is valid for two years. It is requested that please forward the case to the District Medical Board, Hisar for renewal of chronic disease certificate.

Thanking you,

Yours faithfully,

Dated:

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Designation:
Deptt./Office:
CCS HAU, Hisar

Sh/Smt. _____ years is suffering from _____.
He/she is taking regular treatment for the same. The application is recommended and forwarded to the (D.M.B) Distt. Medical Board, Hisar for renewal of chronic disease certificate.

SENIOR MEDICAL OFFICER

C.S.Hisar (Chairman, D.M.B)

CHAUDHARY CHARAN SINGH HARYANA AGRICULTURAL UNIVERSITY