From,

Name:
Address:

Mob No.

To,

The Medical Superintendent
JIPMER, Puducherry – 06

Respected Sir,

Subject: Request for issue of _____ Certificate – regarding

Reference: Patient Name _____ Hospital Number._____

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I request you to kindly arrange to issue me _____ certificate in respect of treatment taken at this hospital, which is required for the purpose of _____.

1. Insurance Claim.
2. Wound Certificate.
3. Treatment Certificate.
4. Death Summary.
5.
6.

Thanking you.

Yours faithfully,

Date: _____ (Name:_____)