

**Annexure-V**

**FORM – A**

**MEDICAL CERTIFICATE**

This is to certify that the patient .....  
..... is suffering from .....  
.....  
facilities for treatment of which are not available in this State. The patient is,  
therefore, advised to seek such facility outside this State.

.....  
**Signature of Medical  
Superintendent  
Goa Medical College**

**Office Seal.**