Date: / /

**CERTIFICATE**



**“TO WHOM SO EVER IT MAY CONCERN”**

This is to state that this person with the following personal details has consulted us by email for Surgical Treatment at this Hospital. The total treatment shall not take more than SIX WEEKS.

**Name :**

**Postal Address :**

**Date of Birth :**

**Passport Number :**

**Country :**

**Nationality :**

**Passport Issued on :**

**Passport Expires on :**

The above person may hence be provided a MEDICAL VISA for travel to India for the purpose of treatment. The VISA issuing agency may kindly make its own judgment for issuing the VISA.

The above person, is not personally known to me or any staff of the Hospital

 **Dr. M. M. Gupta**

MS, MCh, (KGMU, LKO), DNB

**Plastic, Cosmetic & Hair Transplant Surgeon**