

### Annexure-3: ESTIMATED COST CERTIFICATE

1. <b>Patient No. / Admission No. / C.R. No</b>		
2. <b>Name of the Patient</b>	First	Last
3. <b>Age</b>		<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
4. <b>Name of Father/Mother/ Spouse/Legal Guardian</b>	First	Last
5. <b>Details of Cancer</b>	Site	Stage
6. <b>Treatment plan</b>	<input type="checkbox"/> Surgery <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Radiotherapy (*Enclose copy of the treatment plan in the official letterhead of the hospital)	
7. <b>Tentative date of treatment</b>		
8. <b>Amount required</b>	Rs.	
	Words:	

Signature with seal/rubber stamp and date  
(Director/Medical Superintendent of Hospital)