

**Appendix XIV
(Para 11.3)**

To

FRRO/ FRO
(Address)

TO WHOM IT MAY CONCERN

This is to certify that (patient's name), (age/ sex), (Nationality), holding passport number is admitted in Bed No. under my care for medical treatment at (name of the hospital and place). He is accompanied by (name of the companion/ attendant).

They need to stay in (place) for another (duration) to complete their medical treatment. So kindly extend their visas for (duration).

This letter is issued for visa purpose only.

Details of visas granted to the patient and attendant

Details of visa	Patient	Attendant
Visa Number		
Visa Type		
Valid till		
Date of issue		
Place of issue		

(Name of the Doctor)
Sr. Consultant Department
(Name of Hospital and Place)

Telephone number :

Fax number :

Email :