

**Annexure XIV**

**Certificate for candidates applying under the reserved category for Cancer/Thalassemia/AIDS  
(Panjab University)**

**Detailed Address of Issuing Physician and Hospital**

**(Mention serial number and date with phone number and address)**

Photograph  
To be attested  
by the  
Physician

This is to certify that Mr./Ms./Mx. \_\_\_\_\_ (Name of the student), Date of Birth: \_\_\_\_\_ C.R./OPD No. \_\_\_\_\_ D/o / S/o \_\_\_\_\_ (Mother's / Father's Name), resident of \_\_\_\_\_ (complete address), is a diagnosed case of \_\_\_\_\_ (Cancer / Thalassemia/ AIDS)\*. She/He is undergoing treatment for the same under my care.

\_\_\_\_\_  
(Signature of the Patient)

Attested

\_\_\_\_\_  
(Signature of the Physician)

Name and address of the Physician \_\_\_\_\_

\_\_\_\_\_  
Stamp of the Physician

\*Strike out whichever is not applicable.