

FORM No.10-I

Certificate of prescribed authority for the purposes of section 80DDB

[See rule 11DD]

- | | | |
|---|---|----|
| 1 | Name of the Patient | xx |
| 2 | Address | xx |
| 3 | Name and details of the disease/ailment (please see rule 11D) | xx |
| 4 | The date of commencement of treatment | x |
| 5 | Name, address, registration No. of the prescribed Authority [See rule 11DD (2)] | xx |

Verification

I certify that the information furnished above is true to the best of my knowledge and the patient is suffering from above mentioned chronic and protected disease as defined in section 80DDB of income-tax Act, 1961 read with rule 11DD of the Income-tax Rules, 1962.

Signature

xx

Name and Address