TTB/2026/06

Medical Certificate of the Family Member of the Applicant

(To be used for National School Teacher Transfer 2026 **only**)

Section A: Patient's Information

1. Name: .....

2. Relationship to the applicant: .....

3. Age: .....

Section B: Consultant / Medical Officer Assessment

1. Medical Condition (Illness or Ailment):

.....

2. Nature of Condition: ☐ Temporary ☐ Chronic ☐ Permanent

3. Date of Diagnosis: .....

4. Description of condition:

.....

.....

6. Treatment required: ☐ Medication ☐ Clinic Visits ☐ Therapy

7. Follow-up frequency: ☐ Weekly ☐ Monthly ☐ Occasionally ☐ Whenever necessary

8. Is the patient affected by any disabilities? ☐ Yes ☐ No If yes, describe in short:

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9. Additional remarks:

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Certification

Consultant Name: _____ Specialization: _____

Registration Number: _____ Signature & Seal: _____

Date: _____