

**FORM NO. 10-I**

[See rule 11DD]

**\*Certificate of prescribed authority for the purposes of section 80DDB**

1. Name of the Patient .....
2. Address .....
3. Name and details of the disease/ailment (Please *see* rule 11DD) .....
4. The date of commencement of treatment .....
5. Name, address, registration No. of the Prescribed Authority [*see* rule 11DD(2)]  
.....  
.....

***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 protracted disease as defined in section 80DDB of Income-tax Act, 1961 read with rule 11DD of Income-tax Rules, 1962.

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*Signature*

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*(Name and Address)*