FORM NO. 10-1

(See Rule 11 DD)

Certificate of prescribed authority for the purpose of section 80. DD

1. Name of the patient :.....

2. Address :.....

.....

.....

.....

.....

.....

3. Name and details of the disease/ailment : .....

(Please see rule 11 DD) .....

4. The date of commencement of treatment : .....

5. Name, address, registration No. of the

prescribed authority (see rule No. 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. 80 DD of income tax Act, 1961 read with rule 11 DD of income tax Rule, 1962.

Signature

Name and address :.....

Specify diseases

(i) Neurological disease
- (a) Dementia
- (b) Dystonia Musculonum Defounans
- (c) Motor Neuron Disease
- (d) Chorea
- (e) Hemiballism
- (f) Aphasis
- (g) Parkinsons Disease

For the purpose of this rule the acknowledgment disease shall be treated as chronic and protracted, if the disability has been certified to be 40% and above

(ii) Cancer
(iii) AIDS
(iv) Chronic Renal failure
(v) Hemophilia
(vi) Thalassemia

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