

**Draft of Mental Fitness Certificate by MBBS Doctor**

{ On letterhead of Doctor }

PS: This is our suggested draft which is generally accepted for Registration of Will or in the court of law if Will is contested, however, the text can be changed as per requirement by doctor on case-to-case basis.

I am the family doctor of Mr/Mrs \_\_\_\_\_, who is aged about \_\_\_\_\_ years and is residing at \_\_\_\_\_. I know him/her for \_\_\_\_\_ years and I am aware of her medical history.

I have physically examined today Mr/Mrs. \_\_\_\_\_ at my clinic/residence of Mr/Mrs. \_\_\_\_\_ and I hereby confirm and certify as under:

- a. During my examination of Mr/Mrs. \_\_\_\_\_ I have witnessed clarity of thoughts and clear communications: verbal, as well as emotional.
- b. Mr/Mrs. \_\_\_\_\_ is fit to read, write, understand and sign his/her Will.
- c. Mr/Mrs. \_\_\_\_\_ does not require any medical treatment or medication presently and to my knowledge he/she is not undergoing any medical treatment which could adversely affect his/her mental fitness.
- d. Mr/Mrs. \_\_\_\_\_ is mentally and emotionally fit to execute his/her Will.

**Signature of Doctor** :

**Doctor Name** :

**Registration No.** :

**Stamp** :

**Date** :

**Place** :