# Medical Visa /Medical Attendant Undertaking

To:

The Embassy of India, Santiago, Chile

I, ……, holding passport number …….. would like to go to India for the purpose of medical treatment/Medical attendant.

I would be treated/assist the patient at (Institute/Hospital Name)

……

……..

at (location) ……..

……

……

Yours Faithfully,

Name: ……..

Date: ……

Signature: ……..