

# Affidavit on Medical Grounds

## (For Bail Application)

### I. Affiant's Details

I, \_\_\_\_\_, son/daughter/wife of \_\_\_\_\_, aged \_\_\_\_\_ years, residing at \_\_\_\_\_, do hereby solemnly affirm and state as follows:

### II. Case Details

That I am the accused/applicant in \_\_\_\_\_ (Case No. \_\_\_\_\_), currently pending before \_\_\_\_\_ court.

### III. Medical Condition

I am suffering from \_\_\_\_\_ (specify illness/condition), and require constant medical attention as supported by the attached documents/certificates from my treating physician.

### IV. Grounds for Bail

In view of my medical condition and the need for continued treatment, I am unable to receive adequate care while in custody. My further detention may endanger my health and well-being.

### V. Prayer

I, therefore, respectfully pray that this Hon'ble Court may kindly grant me bail on medical grounds in the interests of justice.

### VI. Verification

I solemnly affirm that the above statements are true to the best of my knowledge and belief, and nothing material has been concealed therefrom.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of Deponent