

Medical Certificate

I (Name) _____ M.B.B.S Doctor in _____

_____ after careful Personal examination of the ease hereby Certify that

_____ Whose signature is given above is suffering from

And that is consider that a period of absence duty of _____

With effect from _____

Is absolutely necessary for the restoration of his / her health.

Date _____

Place _____

Signature of Medical Officer _____

Registration No _____

Part of Registration _____

System of Medicine _____