MEDICAL CERTIFICATE

	Date. 25 11.1.20.2.3
1, Dr. Adarch Charms	after carefully personal
examination hereby certify that Shri/Smt./Km. Kamax Chaitanya Ra	
S/o, D/o, Wo DR. Radhellyam Rachu Wonshi Resident of Rav.	
DILL Haridway Whose Sig./L.T.I. is given below is suffering from	
and I consider that a period of absence from duty of One day	
is absolutely necessary for the restoration of his/her health with effect from	25/11/20123
to.	1 Date
Dr. ADARSH SHARMA Che tive of Officer shall shal	Dr ADARSH SHARMA
Sig. of Patient (B.A.M.S. Indian institute of lectural by Journe 18. A.M.S. Indian institute of lectural by Journe	Resig. Nof. Practitioner
L.T.I 3, Civil Lines Not for Medico Legal Purpose	3, Civil Lige Stampkee