

Medical Certificate

(Rule 117, Part I, KSRs)

.....
(Signature of the applicant)

I (Name) **Dr.Dileep Issac**after careful personal examination of
the case hereby certify that (Name and official address) **Bibin Jose**
..... **Oottukulathil(H) Thalanadu po,Teekoy, Kottayam.**
.....whose signature is given above,
is suffering from ... **Right distal radial fracture**and that
I consider that a period of absence from duty of **21 days** with effect from
..... **26/10/2021** is absolutely necessary for the restoration of his/her health.

Signature of Medical Officer.....

Registration No. **2370**

Part of Registration

System of Medicine