



Department of Medical Health & Family Welfare
Government of Uttar Pradesh

ILLNESS CERTIFICATE

Bijauli, Aligarh

Certificate No. : **CILC2409006**

Issuance Date : **12/02/2024**

I, Dr. **TEST** hereby certify that I had carefully examined my patient Shri/Smt./Ms. **JKHK** Son/Daughter/Wife of Shri **KHKHK** on **17/01/2024** having mark of identification **HJKHKHK** and find that patient is suffering from **hkjhkhkhkhkhkh** and need bed rest for **8** days form **18/01/2024** to **25/01/2024**.

I also certify that before arriving at this decision, I have examined the patient on the basis of medical reports.

Place: **Aligarh**

Date: **12/02/2024**

Id Type of Patient : **Driving License**

Id No. of Patient : **JJLJLJLJLKJLKJ**

Signature along with official seal

Chief Medical Superintendent

Bijauli

Aligarh