



Department of Medical Health & Family Welfare
Government of Uttar Pradesh

ILLNESS CERTIFICATE

Balrampur Hospital, Lucknow

Certificate No. : **CILC2410938**

Issuance Date : **04/09/2024**

I, Dr. **ZDFSDF** hereby certify that I had carefully examined my patient Shri/Smt./Ms. **ATUL TRIPATHI** Son/Daughter/Wife of Shri **ATUL TRIPATHI** on **04/09/2024** having mark of identification **SDFSDF** and find that patient is suffering from **zdfsdf** and need bed rest for **53** days from **18/09/2024** to **09/11/2024**.

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

Place: **Lucknow**

Date: **04/09/2024**

Id Type of Patient : **Aadhaar Card**

Id No. of Patient : **235345645654756756**

Signature of Patient : **ATUL TRIPATHI**

Signature along with official seal
Chief Medical Superintendent
Balrampur Hospital
Lucknow