



Department of Medical Health & Family Welfare

Government of Uttar Pradesh

ILLNESS CERTIFICATE

Dr. RML Hospital, Lucknow

Certificate No. : **CILC2409000**

Issuance Date : **07/02/2024**

I, Dr. **FFV** hereby certify that I had carefully examined my patient Shri/Smt./Ms. **VIRENDRA KUMAR YADAV** Son/Daughter/Wife of Shri **BAIJNATH YADAV** on **01/02/2024** having mark of identification **G GD G** and find that patient is suffering from **rvfvfv** and need bed rest for **7** days form **01/02/2024** to **07/02/2024**.

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

Place: **Lucknow**

Date: **28/02/2024**

Id Type of Patient : **Aadhaar Card**

Id No. of Patient : **123**

Signature of Patient : **VIRENDRA KUMAR YADAV**

Signature along with official seal

Chief Medical Superintendent

Dr. RML Hospital

Lucknow