



Department of Medical Health & Family Welfare

Government of Uttar Pradesh

ILLNESS CERTIFICATE

Dubhar, Ballia

Certificate No. : **CILC2309002**

Issuance Date : **21/06/2023**

I, Dr. **SUHEL** hereby certify that I had carefully examined my patient Shri/Smt./Ms. **VIRENDRA KUMAR YADAV** Son/Daughter/Wife of Shri **BAIJNATH YADAV** on **01/06/2023** having mark of identification **JBCSJCS** and find that patient is suffering from **vhf** and need bed rest for **15** days form **09/06/2023** to **23/06/2023**.

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

Place: **Ballia**

Date: **21/06/2023**

Id Type of Patient : **Aadhaar Card**

Id No. of Patient : **836477883883**

Signature of Patient : **VIRENDRA KUMAR YADAV**

Signature along with official seal

Chief Medical Superintendent

Dubhar

Ballia