



Department of Medical Health & Family Welfare
Government of Uttar Pradesh

ILLNESS CERTIFICATE

T.B Hospital Thakurganj, Lucknow

Certificate No. : **CILC2309001**

Issuance Date : **15/12/2023**

I, Dr. **DR MAYANK AGRWAL** hereby certify that I had carefully examined my patient Shri/Smt./Ms. **MANOJ YADAV** Son/Daughter/Wife of Shri **SHYAM YADAV** on **07/09/2023** having mark of identification **BLACK MARK ON NECK** and find that patient is suffering from **Cold and Fever** and need bed rest for **5** days from **05/09/2023** to **10/09/2023**.

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

Place: **Lucknow**

Date: **15/12/2023**

Id Type of Patient : **Aadhaar Card**

Id No. of Patient : **1245784521**

Signature along with official seal
Chief Medical Superintendent
T.B Hospital Thakurganj
Lucknow