

mamate	Sohor
This is to certify that Mr. / Mrs. / Miss - Manata School	
Son / Daughter / Wife of	on mall mane
Address Plat No. +84. Her	nRACA
Age CfP/16 Sex +/ F Diagnosis	UT9 rever
This is to certify that Mr. / Mrs. / Miss - Manate Son / Daughter / Wife of - Praganta Scale Address Plot No. + Sey. Hate Scali, and Occh four Age - Sex At / F Diagnosis R m c Hespisal Rmm	
<u>Is Under</u>	
Box	e
∴ My Treatment as an out-patient / in-patient at this ciini	ϵ / hospital.
* Was treated as an OPD paitient from -2 0/12/20 to * Was admitted as an in-door patient on	
Circle word on	
* He / She had been advised rest for	days
from 20/14/20	
* However He / She is-further advised to continue rest from	7
For another days.	
* He / She is fit to resume normal duties from	421

Y Mamafa Sahoo Attested Signature

Specialist
B.M.C Hospital
Bhubaneswar-2

Doctor, s Signature with Seal

Lane

Date: Bhubaneswar-2