## Medical Certificate For Leave / Extension Of Leave

| Signature Of   | Applicant                              |  |
|----------------|--|--|
| I Dr.          | R. SONVIVITH                           |  |
| Careful perso  | onal examination of the case hereby o  | ertify that Thiru/Thirumathy/Selvan  |
|                | Engineer Cloud an                      |  |
|                | •                                      | from Ulray Fever   |
|                |  | nical condition and investigation done   |
| as is given be | low and I consider that a period of ab | sence from duty for 3 Days   |
| X.             | with effect from\51                    | 05/2024 to 17/05/2024  |
| is absolutely  | necessary for the restoration of his/  | her health.  |
| Station & Ac   | thress: Methor                         | Dr. R.SONVIVITH, Reg.No.97596 Civil Surgeon/Authorised Medical   |
| Date           | :15/05/2024                            | Attendant or Registeded Medical  Dr.R. & GHVIVITHUR Register in ADUB  Reg No : 97596  ARJUN MEDICAL CENTRE |
|                | Medical His                            | Thookanampatty, Mettur.1   |
|                | (The Nature and Propable duration i    |  |
| Clinical Con   | dition :                               |  |
| Investigatio   | n done :                               | 5  |

Dr. R.SONVIVITH, Reg.No.9/596

Civil Surgeon/Authorised Medical
Attendant or Registeded Medical
Dr. R.SONVIVITH Registration Baduan
Reg No : 97596

ARJUN MEDICAL CENTRE
Thookenempatty, Metrur. 1