**Dr. V. AJITHKUMAR, M.B.B.S.,**

Reg. No. 145766

Govt. Assistant Surgeon Date: \_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Gender: \_\_\_\_\_\_ BP: \_\_\_\_\_\_\_\_\_ Pulse: \_\_\_\_\_\_ Temp: \_\_\_\_\_\_\_

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To whomsoever it may concern

I, Dr. V. Ajithkumar after careful personal examination of **Ms. Kalaipriya Kannan** do hereby certify that she has been suffering from **Costochondritis** from the last few years, which becomes worsen after contacted with Covid-19 and undergoing treatment and therapy for the same. This requires a frequent periodical examination, and I recommend her to be in an environment that supports the treatment and that does not elevate the condition, best under home/guardian care, for the period of at least 100 – 120 days and is absolutely needed for the restoration of her health.