

# Senger Clinic

Sikandra Rao Road, Salempur Hathras(Maha maya Nagar)

## *+Medical Certificate+*

Date.....

Mr/Mrs/Miss \_\_\_\_\_

is was under my treatment for \_\_\_\_\_

Since \_\_\_\_\_ to \_\_\_\_\_ He/She is/was \_\_\_\_\_

Advised complete rest for this period. \_\_\_\_\_

He/She is medically fit to resume duty from \_\_\_\_\_

\_\_\_\_\_

Doctor's signature