**Medical Certificate**

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| **………………….......**  **MBBS, ………………………….**  **General Physician……………..**  **Mo…………………..** | **medical-logo-png-13-removebg-preview.png** | **Monday To Saturday**  **(morning 9AM to Evening 6 PM)**  **Address………………** |

I, Certify that I have carefully examined Mr./Mrs./Ms.…………………………………………………., son/daughter/wife of ………………………, whose signature mentioned below. He/She was suffered from illness which is described below and the treatment of him/her has been done in my medical inspection.

Based on the examination, I certify that now he/she is in good mental and physical health and free from any physical defect which may interfere with his/her studies including the active outdoor duties required for a professional.

**Nature Of Disease:**…………………………………………….

**Duration Of Treatment:**……………………………………….

**Is Prescription Attached:**……………………………………...

**Signature Of Patient:**…………………………………………

Place: ………..

Date: ………...

Name and signature of Medical Officer

With seal and registration number