Medical Certificate

TO WHOM IT MAY CONCERN

This is Certified that Mr/Mrs …………………………………………… S/o /D/o of

Mr…………………………………. address………………………………………………………

…………………………………….is/was suffering from …………………………………….

……………………………………. Since………………….

He/ She has been /was advised rest form …………………till date……………….

for normal restoration of his/her health.

He/ She is examined by me and is found to be fit to resume normal duties/

attendance from ……………………. onwards.

Date: Stamp and Signature of Doctor