

SRI RANGA HEALTH CENTRE

VIJAYANAGARA 3rd STAGE

MEDICAL CERTIFICATE

This is to certify that

Mr/Mrs/Ms/Ma.....is/

was suffering from.....and is/was

under my treatment

from.....to.....He/she is/was advised to

take complete bed rest for.....days. He/she

would be fit to resume their duty/studies

from

Doctor's sign with seal