



INDIAN INSTITUTE OF TECHNOLOGY DELHI I.I.T. HOSPITAL

Certificate Serial No. 1248

Date : 8/2/17

Patient Medical ID No./Student enrollment No. 2014 CE D308

OPD Number 9276

FORM OF CERTIFICATE FOR LEAVE OR EXTENSION OR COMMUNICATION OF LEAVE AND FOR FITNESS

I, Dr. Mahesh Saxena after careful examination of the case
certify that Akhlesh Kumar whose signature is given below is suffering
from Enteric Fever and I consider that a period of absence from duty/study
for 13 day/days with effect from 27/1/17 to 8/2/17
is / was absolutely necessary for the restoration of his/her health.

I, after careful examination of the case, hereby certify that (Name of Patient)
Akhlesh Kumar on restoration of his/her health, is now fit to join
service / study w.e.f. 9/2/17 (date)

Signature of patient or thumb impression Akhlesh Kumar

Identification marks

Medical Officer
I.I.T. Hospital
New Delhi-110016

Signature of issuing Doctor