



INDIAN INSTITUTE OF TECHNOLOGY DELHI

I.I.T. HOSPITAL

Certificate Serial No.1724.....

Date : 19/2/18

Patient Medical ID No./Student enrollment No.2014CS10242.....

OPD Number66691 (19/2/18) / 62229 (6/2/18).....

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

I, Dr. S. Yasmeen after careful examination of the case
certify that NEERAL SABHARWAL whose signature is given below is suffering
from VIRAL FEVER and I consider that a period of absence from duty/study
for TWO day/days with effect from 6/2/18 to 7/2/18
is / was absolutely necessary for the restoration of his/her health.

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

Signature of patient or thumb impression Neeral

Identification marks Mole on Right cheek

Signature of issuing Doctor
[Signature]

Signature of issuing Doctor