

MEDICAL CERTIFICATE

Signature of the Applicant

I T. N. VISHNUS after careful personal examination of the case hereby certify that Mr. JAYAKRISHNAN O. S whose Signature is given above, is suffering from QT/115 INTERNA and that I consider that a period of absence from duty of 15 days One day with effect from 13/02/18 is absolutely necessary for the restoration of the health.

Place: Thodupuzha

Date: 13/02/18

GS232



Signature of Medical Officer
Register Number: VISHNU S.
Part of Registration No. 17756
System of Medicine: Ayurveda
Clinic: Thodupuzha