

**MEDICAL CERTIFICATE FOR LEAVE / EXTENSION OR
COMMUNICATION OF LEAVE**

Signature of the applicant :

I, **Dr B ANBUCHZHIAN MS FIAGES** after careful personal examination of the case, hereby certify that **J.KRISHNA KUMARI SENIOR ASSOCIATE HASHROOT TECHNOLOGIES KOCHI.** whose signature is given above, is suffering from **EXANTHEMATOUS FEVER** and I consider that a period of absence from duty of **7 DAYS** with effect from **08/04/2020** to **14/04/2020** is absolutely necessary for restoration of his / her health.

Station : Bodinayakanur

Date : 08/04/2020


MEDICAL OFFICER

Dr. B. ANBUCHZHIAN, M.S., (Gen) FIAGES
CHIEF CIVIL SURGEON
REG. NO: 52566
GOVERNMENT HOSPITAL
BODINAYAKANUR-625513