

MEDICAL CERTIFICATE

Signature of Applicant

I Dr. Anny Rajan after careful personal
examination of the case hereby certify that Sri/Smt. Sambhu
whose signature is given above, is suffering from Migraine
and that I consider that a period of absence from duty of 25/04/2019
with effect from 25/04/2019 is absolutely necessary for the restoration of his/her
health.

Date 25/04/2019

Anny Rajan
MEDICAL OFFICER



ഇൻഷുറൻസ് മെഡിക്കൽ ഓഫീസർ
ഇ. എസ്. ഐ. ഡിസ്പൻസറി
കരിമുളയ്ക്കൽ എൽ. എസ്. തപാൽ
ആലപ്പുഴ ജില്ല, പിൻ: 690 571