

MEDICAL CERTIFICATE FOR LEAVE

Signature of Applicant

I, Dr. Betsy Ambooken after careful personal examination of the case, hereby certify that Dr/ Shri/Smt/Ms/ ALBIN MAWEN Name & Designation of applicant) of the Office of the ASHIRWAD whose signature is given above is suffering from VASCULITIS and therefore, I consider, that a period of absence from duty from 1/1/2025 to till complete recovery with effect from 1/1/2025 is absolutely necessary for the restoration of his/her health.

Place: GMC Thrissur

Dated: 3/1/2025

Signature of Government Medical Officer / Civil Surgeon/
Staff Surgeon/ Authorized Medical Attendant/ Registered
Medical Practitioner along with official Seal

Registration No. :



Dr. BETSY AMBOOKEN
MD (D & V) MNAMS
Professor (CAP)
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Reg. No: 19749