

MEDICAL CERTIFICATE OF LEAVE

Signature of the applicant.....

I.....Dr. S. Sridharan, M.B.B.S. DCH.....after careful personal examination
of the case hereby certify that.....Madhankumar, 20 years, Chennai.....

whose Signature is given below is suffering fromCholera.....

and consider, that a period of absence from duty forDr. S. Sridharan, from 6-9-24 to 7/10/24,
I advised him for isolation, &.....

.....is absolutely necessary for the restoration of his/her health

Dr. S. Sridharan

Date : 23/9/24

Station : Chennai

Dr. S. SRIDHARAN, M.B.B.S., D.CH

Paediatrician
Registered Medical Practitioner

Registered Medical Practitioner

6/1, M.P. Road, Anna Nagar, Chennai - 600 063