Signature of Applicant

MEDICAL CERTIFICATE

I, Dr. ........................................................................................after careful personal examination of the case hereby certify that Dr. /Shri/Smt. /Ms. ...................................................of the Office of the ............................. whose signature is given above is suffering from ………………....... and, therefore, I consider, that a period of absence from duty from ......................to…….......... with effect from …….......... is absolutely necessary for the restoration of his/her health.

Date:

place:

signature of medical officer

Registration No

Part of registration

System of medicine

Signature of Applicant

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