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| **SHRADDHA HOSPITAL**  **PMC Reg. No. : LCBP-0506-01856** | | | | | | | | | | |  |
| **Sr.No. 43, Parashar Society, Pune Nagar Road, Chandan Nagar, Kharadi, Pune – 411014** | | | | | | | | | | | |
| **Mob No.** **9011052829** |  |  |  |  |  |  | **Dr.Sanjiv Jadhav** | |  | |  |
| **9403822324** | | |  |  |  |  | **M.B.BS., D.G.O.(Regn.No.60876)** | |  | |  |
|  |  |  |  |  |  |  |  |  |  | |  |
| **Timing** : Mon to Sat. 10:00 a.m. to 2:00 p.m. &6:00 a.m. to 8:00 p.m. **Sunday Closed** | | | | | | | | |  | |  |
| **वेळ**: सोमवार ते शनिवार स.१०:०० ते दु.२:०० व सायं. ६:०० ते ८:०० वा. **रविवार बंद** | | | | | | | | |  | |  |
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| **Patient's Name :** | |  |  |  |  |  |  |  |  | |  |
| **Address :** |  |  |  |  |  |  |  |  |  | |  |
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| **Date :** | Date : |  |  |  |  |  |  |  |  |

**MEDICAL CERTIFICATE**

This is to certify that I have examined

Mr. **Malpute Sachin** on **05-03-2018** and can state that

He has no any medical or surgical illness and can state

that he is physically and mentally fit for his duties.

Thumb Impression /Signature

Signature

* **Do not call for appointments. \* कृपया अँपॉईंट्मेंट्साठी फोन करू नये.**