Date:14-06-20

**MEDICAL CERTIFICATE**

This is to certify that I have examined

Mrs. **Shinde Shreya Amit** on **14-06-20** and can state

she has no any medical or surgical illness and can state

that she is physically and mentally fit for her duties.

She does not have any symptoms of COVID 19.

(COUGH, FEVER, DIFFICULTY IN BREATHING)

Thumb Impression /Signature

Signature

Dr.Sanjiv S. Jadhav