

FORM No. 3

(See Rule 17)

Medical Certificate for Govt. Servants Recommended Leave
or Extension of Leave or Communication of Leave

Signature of Government Servant.....

I.....Dr. M. Banjare.....after careful Personal examination of the case hereby
certify that Shri.....Kamlesh Maheshwari.....whose signature is given above
is suffering from.....P.U.D......and I consider at a period of absence
from duty of.....one week.....with effect from.....18/07/16.....
is absolutely necessary for the restoration of his/her health.

OPD No 20165023333

18/07/16

Authorised Medical Attendant

.....Hospital Dispensary
or other registered medical practitioner

Dr. M.L. Banjare
M.D. Nephrology
ICAR SPECIALIST HOSPITAL
AMLA NEMO HOSPITAL
GAS.....BHOPAL