

FORM - 3

OPD

328953

सरकारी कर्मचारी / कर्मचारी के लिए चिकित्सा प्रमाण-पत्र चिकित्सीय अवकाश या चिकित्सीय अवकाश के विस्तार के लिए
Medical Certificate for Government / Pvt Servants recommended Leave or Extension of Leave or Commutation of Leave

Signature of Applicant :

ताराचन्द्र

I Dr. K. Venkatesh after careful personal examination of the case, hereby certify that
Shri/Smt./Ku whose signature is given above is suffering from
2 months fever and I consider that a period of absence from duty of App 07 to 10 days
is absolutely necessary for the restoration of his/her health.

30/8/16

Adn P/smr

FMF

Date : 30/8/16

Medical Officer
Hankar Hospital
Authorised Medical Attendant
Hospital / Dispensary or
Registered Medical Practitioner.

