No.:1592

MEDICAL CERTIFICATE FOR GOVERNMENT SERVANTS RECOMMENDED LEAVE OR EXTENSION OF LEAVE OR COMMUNICATION OF LEAVE

Signature of Government servant / patient	ara
I De And Ic Goppe after carefully personal e	examination of the case, hereby certify the
Shri / Smt. /-Ku. S. C. SAXENA above, is suffering from HTN Dm I C Sho name	whose signature is give
above, is suffering from HTM Dm I C Sho wan	d Consider that a period of absence fro
duty of	27/1/17
is absolutely necessary for the restoration of his / her health.	
	an Shall Shall
	Authorised Medical Attendant
	MISHINGING MAINTING THE PROPERTY OF THE PROPER
	28: 9755 - 2411307, 2422305, Fax: 24223