

To Whomsoever It May Concern

Signature of Applicant_____

I, _____ after careful personal examination of the case hereby certify that _____ whose signature is given above, was suffering from _____ and, therefore, I consider, that a period of absence from duty from _____ to _____ was absolutely necessary for the restoration of his/her health.

I hereby attest that _____ has recovered from his/her illness and is now fit to resume regular duties/attend regular classes.

Place:

Date:

MEDICAL OFFICER