

## 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