

**MEDICAL CERTIFICATE FOR LEAVE OR EXTENSION LEAVE**

Signature of the applicant.....M. Vigneshpandi.....

I, **Dr.R.RAJEEV AYYAPPAN**, M.S., M.Ch., after careful personal examination of the case

hereby certify that Mr./Mrs./Mas...M. Vigneshpandi marimuthu... (Senior

Analyst J., Thryve Digital Health LLP, 8<sup>th</sup> Floor....

Cambridge Tower, Ramaniyan IT city SE2, S.H. 49A, Tharamani,  
Chennai - 13

Whose signature is given above is suffering from ② PROXIMAL

URETERIC CALCULUS - ② URESL + MS done.

Based on clinical condition and investigation done as is given below and I consider

that a period of absence from duty for ....12.... days with effect from 07.06.2021 is

Absolutely necessary for the restoration of his/her health.

**Medical History:-**

Station: Madurai

Date: 09.06.2021

**Dr. RAJEEV AYYAPPAN. R**  
UROLOGIST  
**RAJEEV HOSPITAL**  
47, ANNA NAGAR, MADURAI - 625 020

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Signature