

Medical Certificate

unfit

Date 16/03/25

This is to certify that

✓ Mr/Mrs/Miss Vijay N. Sakhare.

_____ is/was under my treatment

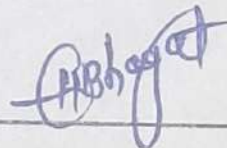
for AL.R.T.I.

since 16/03/25

to _____.

He/She was advised treatment and rest for this period.

He/She is fit to resume his/her duties from _____



(Doctor Signature & Seal)

Dr. HEMANT K. BHAGAT

(B.A.M.S., MD.)

Reg. No.: I-42178-A-1

CIVIL LINES, SAONER