

MEDICAL CERTIFICATE

Signature of Applicant

I, Dr. Prekuma Melkani after careful personal examination of the case hereby certify that Dr. /Shri /Smt. /Ms. Mohanan /CIS (name & designation of applicant) of the Office of the DCM / HZ / HZ whose signature is given above is suffering from Typhoid fever and, therefore, I consider, that a period of absence from duty from 1/6/2020 to 30/6/2020 with effect from is absolutely necessary for the restoration of his/her health.

Place: Mamby
1/6/2020

Signature of Government Medical Officer / Civil Surgeon /
Staff Surgeon / Authorized Medical Attendant / Registered
Medical Practitioner along with official seal

Date: Registration No.