

Signature of the Applicant

MEDICAL CERTIFICATE

I (Name) Dr. Rajmohan after careful

Personal examination of the case hereby certify that Mr. Mohanani K. K., HIL

Rasayani, Maharashtra (Name and official address) whose

Signature is given below is suffering from lower back ache

and that I consider a period of absence from duty of (Sic) 5 days

with effect from 22/02/2020 is absolutely necessary for the restoration of his/her health

Place : Kannur

Date : 22/02/2020



Signature of Medical Officer

Registration No. 29220

Part of Registration

System of Medicine

Dr. Rajmohan
msc medicine
Junior Medical Consultant

District Hospital, Kannur