

Phone : 2555344

# ST. JOSEPH'S HOSPITAL

MANJUMMEL- 683 501

Signature of applicant

## MEDICAL CERTIFICATE

I, Dr. Saritha - C.S. after  
careful personal examination of the case hereby certify that  
Mr. Ron MARTIN  
whose signature is given above, is suffering from  
Chikungunya  
and that I consider a period of absence from class of  
19 days  
with effect from 21/8/19 to 08/9/19  
is absolutely necessary for the restoration of his/her health.

Place :

Manjummel

Date :

17/8/19

**Dr. CS SARITHA**  
MEDICAL OFFICER

**REG. NO. 49602**

**R.M.O**

**ST. JOSEPH'S HOSPITAL**  
**MANJUMMEL**