

MEDICAL CERTIFICATE

Signature of the patient.

I, Dr.
.....
(Name & Official Address) after personal examination of the case, hereby
certify that Sri.....
.....whose signature is given
above, is suffering from.....
.....
And that the above ailment is directly due to his physical handicap. I
consider that a period of absence from duty ofdays w e f
is absolutely necessary for the restoration of his health.

Signature of the Medical Officer.
Registration No.
Part of Registration.
System of Medicine.