

# Medical Certificate

.....  
(Signature of the applicant)

I (Name) .....after careful personal examination of  
the case hereby certify that (Name and official address) .....  
.....  
.....whose signature is given above,  
is suffering from .....and that  
I consider that a period of absence from duty of ..... with effect from  
..... is absolutely necessary for the restoration of his/her health.

Signature of Medical Officer.....

Registration No. ....

Part of Registration .....

System of Medicine .....