

MEDICAL CERTIFICATE

.....
(Signature of the applicant)

I,(Name) Dr. _____, _____,
_____ of careful personal examination of the case hereby certify
that Smt./Sri _____ (Name, Designation and Official Address)
_____, _____ with
whose signature is given above, is suffering from is defectly due to his/her physical handicap. I consider that a
period of absence from duty of _____
with effect from _____ is absolutely necessary for the restoration of his/her health.

Place:

Signature of Medical Officer

Date:

Registration No.

Part of Registration.

System of Medicine.