

Medical Certificate
(Rule 117, Part I, KSRs)

.....
(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 fromand 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