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 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 ……

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 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 .....