**MEDICAL CERTIFICATE**

**Dispetch No\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_**

I, Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , after careful personal examination of case hereby certify that Shri/Smt.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , is suffering from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I consider that a period of absence from duty of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is absolutely necessary for the restoration of his health.

**Signature with seal(Doctor)**

**FITNESS CERTIFICATE**

**Dispetch No\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_**

I, Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , after careful personal examination of case hereby certify that Shri/Smt.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, was suffering from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ now he/she is fit on \_\_\_\_\_\_\_\_\_\_\_\_

**Signature(Patient) Signature with seal(Doctor)**