

**MEDICAL CERTIFICATE**

This is certify that \_\_\_\_\_,

Registration No: \_\_\_\_\_, S/o or D/o \_\_\_\_\_, age

\_\_\_\_\_ is studying \_\_\_\_\_ Course \_\_\_\_\_ Year \_\_\_\_\_ Sem

\_\_\_\_\_ at \_\_\_\_\_

is suffering from \_\_\_\_\_

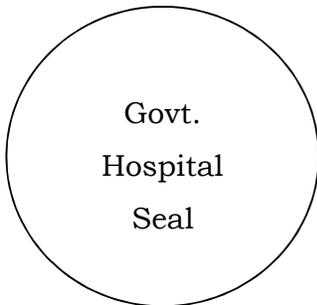
due to \_\_\_\_\_.

Hence, I am advising him/her to \_\_\_\_\_

\_\_\_\_\_.

Date:

Place:



**Signature with stamp**

(Government medical officer not below the rank of  
Assistant Civil Surgeon)

**Name** :

**Designation** :

**Registration No** :

**NOTE:**

The diagnosis reports (if any) are here with enclosed