

MEDICAL CERTIFICATE

Signature of the Candidate :

This is to certify that Mr./Mrs.

.....
(IP/OP number :) was under my treatment for

from to He/She was advised bed rest from to
.....

Signature of Medical Officer :

Part of Registration :

Place : Registration Number :

Date : System of Medicine :

FITNESS CERTIFICATE

Signature of the Candidate :

I have carefully examined Mr./Mrs.

..... he/she has recovered from
his/her illness and is now fit to resume his/her normal duties.

Place : Signature of Medical Officer :

Date : Registration Number :