

MEDICAL CERTIFICATE

(To be signed by a registered medical practitioner holding a degree not below that of M.B.B.S.)

I, Dr. after careful personal examination of the case hereby certify that whose particulars are as under:-

1. Name of the Patient
2. Son/Daughter of
3. Age/Sex
4. Address
5. Date of issue
6. Diagnosis
7. Period of rest From to
8. No. of Days (in words & figures)
9. Patient's Signature

(To be attested by the treating doctor)

It is absolutely necessary for the restoration of his/her health.

Name & Signature of the treating physician with stamp
Registration Number of the Doctor
(State Medical Council/Medical Council of India)