

MEDICAL CERTIFICATE

[Handwritten Signature]

Signature of Applicant.

I, (Name) Dr. Leeshad Thankan
after careful personal examination of the case hereby certify that (name and Official Address)
Amalamma F. Salm; Tholil Pullampalhu mo
Kottayam whose signature is given above, is suffering from
costovera @ kw - and that I consider that a period of absence from duty of
2 weeks with effect from 9/8/2024 is absolutely necessary for the
restoration of his/her health.

[Handwritten Signature]

Signature of Medical Officer:

Part of Registration : DR. LEESHAD THANKAN
Registration Number : MBBS; D.Ortho; MS.Ortho
Reg. No: 25355
System of Medicine : Consultant Orthopedics
General Hospital, Kottayam

Place: Kottayam
Date: 9/8/2024

FITNESS CERTIFICATE

Signature of Applicant

I,
hereby certify that I have carefully examined.....
Department, whose signature is given above and find that he/she has recovered from his/her illness
and is now fit to resume his/her duties in Government Service from I also
certify that before arriving at this decision. I have examined the original that before arriving
Medical Certificate and state of the case on which leave was granted and have taken those into
consideration in arriving at my decision.

Signature of Medical Officer:

Part of Registration :

Registration Number:

System of Medicine :

Place:

Date :

