

## MEDICAL CERTIFICATE

Signature of the Applicant ..... 

I, Dr. MUHAMMED KANZ GH after careful personal examination of  
The case hereby certifies that SHIVANI KRISHNAN PALLAM, whose signature is  
given above, is suffering from CHICKEN POX (varicella). That I consider that a period of  
absence from duty for 7 days With effect from 26/09/2024 to 02/10/2024  
is absolutely necessary for the restoration of his/her health.

MEDICAL OFFICER: Dr. MUHAMMED KANZ GH.

DATE: 02/10/2024

SIGNATURE:

  
Dr. MUHAMMED KANZ  
MBBS  
Reg No. 73728