



All India Institute of Medical Sciences, Jodhpur  
अखिल भारतीय आयुर्विज्ञान संस्थान, जोधपुर

**MEDICAL CERTIFICATE**

MC \_\_\_\_\_

Date:

Departmental Record No. \_\_\_\_\_

I, Dr. \_\_\_\_\_ after careful personal examination of the case hereby certify that Mr./Ms./Master \_\_\_\_\_ S/o D/o W/o \_\_\_\_\_ Age/Sex \_\_\_\_/\_\_\_\_ resident of \_\_\_\_\_ having hospital registration number \_\_\_\_\_ whose signature is given below, is suffering from \_\_\_\_\_ and I consider that a period of absence from duty for \_\_\_\_ days with effect from \_\_\_\_\_ to \_\_\_\_\_ is absolutely necessary for the restoration of his/her health.

Signature of Consultant Incharge with Seal

Signature of the Applicant/Parent/Guardian \_\_\_\_\_

Countersigned by Medical Superintendent \_\_\_\_\_