

**MEDICAL CERTIFICATE**

Cer. No.....

Signature of applicant

I ..... after careful personal examination of the case hereby certify that  
..... CR No.....  
whose signature is given above, is suffering from .....  
..... and that I consider that a period of absence from duty of  
..... with effect from ..... is  
absolutely necessary for the restoration of his/her health.

Regional Cancer Centre  
Trivandrum.

Medical Officer

Date:

RCC/MRD/61