MEDICAL LEAVE CERTIFICATE

This is to certify that Sri/ Smt / Kum _____ S/O, D/O _____ aged about ( ) years is working as _____ in the office _____ is in good health , besides that she / he has avail / not avail medical leave from _____ is in good health, besides that she / he has avail medical leave from _____ to _____ for the past three years.

Signature of the Drawing officer
Office Seal

GOOD HEALTH CERTIFICATE

This is to certify that Sri/ Smt / Kum _____ S/O, D/O _____ Working as _____ in the office of the _____ _____ aged ( ) years, is found in good health without any ailments

Date : *Signature of the Civil Surgeon / Civil Asst. Surgeon*

Place : *Office seal*