

MEDICAL CERTIFICATE FORM FOR SICKNESS.

(Certificate should be used by RMPs who fallen sick 2 or More than 2 Month only)

Signature of patient or thumb impression _____

Identification marks:- a. _____

b. _____

I, Dr. _____ after careful examination
of the case certify hereby that Dr. _____

TNMC Reg No: _____ whose signature is given above is suffering from

and he was in treatment with effect from _____ to _____.

Place: _____

Date _____

Signature of Treating Doctor.

State Medical Council Registration No. _____.