

MEDICAL CERTIFICATE

This is to certify that Mr./Mrs (Name & Address).....
.....is/was under my
treatment for (Name of Illness).....
in this hospital from.....to.....
.....as in patient/out patient. He/She was advised
complete rest for.....days w.e.f
.....

(Furnish brief description of the patient's condition on the date of consultation/admission
which has necessitated his/her absence in the PSC Examination on)
.....
.....
.....

This certificate is issued to produce before PSC to justify their absence in the exam.

Date :	Signature :
Place :	Name :
Office Seal :	Designation of the Doctor:

Attach Treatment details if any.