



NATIONAL INSTITUTE OF TECHNOLOGY: TIRUCHIRAPPALLI-15

Non Gazetted Officers

Medical Certificate for leave or Extension of communication of Leave:

Applicant's Signature:

I _____ M.B.B.S., Asst. Surgeon,
After careful personal examination of the case hereby certify that _____,
_____ Whose signature is given above is suffering
From _____ based on clinical condition and
Investigation done as given in the reverse and I consider that a period of absence from
Duty for _____ days with effect from _____.
Is absolutely necessary for the restoration of _____ health.

MEDICAL HISTORY

Station:

MEDICAL OFFICER

Date:

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