GAZETTED OFFICER / NON-GAZETTED OFFICER

MEDICAL CERTIFICATE FOR LEAVE OR EXTENSION OR COMMUTATION OF LEAVE

Signature of Applicant : X

I, Dr. S. Anbuselvan

after careful personal examination of the case, hereby Certify that Mrs. N. Dhanalakshmi, Assistant, B.D.O. Office, S.S. Kulam, Coimbatore whose signature is give above is suffering from Acid Peptic Disease and I consider that a period of absence from duty of 28 days day with effect from 25.10.2023 to 21.11.2023 is absolutely necessary for the restoration of his/her health.

Station : Tharamangalam.

Date : 25-10-2023

Signature : 25.10.23
Dr. S. ANBUSELVAN
Reg. No. 67180

Designation : MEDICAL OFFICER
GOVT PRIMARY HEALTH CENTRE
THARAMANGALAM - 636 502
SALEM DT.