

**Centre of Plasma Physics
Institute for Plasma Research**
Nazirakhat, Sonapur-782402
Kamrup, Assam

CONTRIBUTORY HEALTH SERVICE SCHEME

MEDICAL CERTIFICATE

Pay Roll No. _____

Date : _____

.....
(Signature of the Applicant)

I, Dr. _____ after careful personal examination of
the case hereby certify that Shri/ Smt./Ku./Dr. _____
whose signature is given above is suffering from _____
and I consider that a period of absence from duty of _____ days with
effect from _____ is absolutely necessary for the restoration of his/her health.

Authorised Medical Officer/ Consultant
(Signature & Stamp)