



अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES

ଅଖିଳ ଭାରତୀୟ ଆୟୁर्वିଜ୍ଞାନ ସଂସ୍ଥାନ

BHUBANESWAR - 751019

**MEDICAL CERTIFICATE FOR LEAVE OR EXTENSION OR COMMUTATION OF LEAVE
OFFICE OF THE MEDICAL SUPERINTENDENT**

No. :

Dated :

I, Dr.....after careful examination of the case hereby
certify that Shri / Shrimati / Miss.....OPD No.....whose
signature is given below is / was suffering from.....and
a period of.....is essential for recovery of his / her
illness w.e.f.....

Signature of the Patient

Countersigned

Medical Superintendent

N.B. - The Expend M.C. is valid only after
It is countersigned by the Med Superintendent

Signature of the Senior Resident
OPD / WARD / EHS
Medical Officer Incharge