

**PANJAB UNIVERSITY, CHANDIGARH****MEDICAL CERTIFICATE**

**(To be filled by Authorized Medical Attendant. The entries to be made simultaneously in the OPD File/Indoor Record File before its issue)**

1. Certified that Sh./Smt/Ms. \_\_\_\_\_ S/o, D/o, W/o \_\_\_\_\_ was examined in OPD/Admitted in hospital on dated \_\_\_\_\_ vide CR No. \_\_\_\_\_
2. The patient is suffering from \_\_\_\_\_
3. He/She has been attending the hospital/dispensary as Outdoor Patient/Admitted in hospital since \_\_\_\_\_
4. He/She is/was admitted in this hospital from \_\_\_\_\_ to \_\_\_\_\_
5. He/She has been recommended leave from \_\_\_\_\_ to \_\_\_\_\_
6. He/She is fit to resume his/her duties from \_\_\_\_\_
7. Expected/Actual date of delivery \_\_\_\_\_

\_\_\_\_\_  
**Thumb impression/Signature  
 Of the patient examined**

**Signature of the A.M.A.** \_\_\_\_\_  
**Registration No.** \_\_\_\_\_  
**Doctor's full name** \_\_\_\_\_  
**Designation** \_\_\_\_\_  
**Department** \_\_\_\_\_  
**(Affix Rubber Stamp)**

**Countersigned by CMO/SMO/Medical Superintendent**

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 DUPLICATE

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