

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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