

MEDICAL CERTIFICATE FOR LEAVE OR EXTENSION OF LEAVE

Signature of the Applicant.....

I, Dr. K. SANKAR M.S. D.Ortho Retd. Chief Civil Surgeon after careful personal Examination

of the case hereby that Shri / Smt. R. S. SEENIVASAN
RACOLD COMPANY MADURAI

..... Whose signature is given above is suffering from Diabetic foot ulcer @ based on clinical condition and investigation done as is given in the reverse and I consider that a period of absence from duty for TEN DAYS with effect from 4.9.23


To 13.9.23 absolutely necessary for the resolution of his / her health.

Medical History :

Known Case of DM on H
ulcer over the plantar aspect
on both feet

Station :

Date MADURAI / 12.9.23


Dr. K. SANKAR, M.B.B.S., M.S., D.Ortho.,
Retired Government Chief Civil Surgeon
Orthopaedic & General Surgeon
Govt. Hospital Balarangapuram

Signature
Madurai.

Form No. 42/55