



PANJAB UNIVERSITY SWAMI SARVANAND GIRI REGIONAL CENTRE

Una Road, Bajwara, Hoshiarpur (Pb.)

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No. 875...../PUSSGRC

Date.. 10/3/....2023

NOTICE

All the Students who have availing medical leave must submit these Performa's (enclosed herewith) duly filled and signed by the treating doctor along with the medical leave case.


Office Supdt.- II
PUSSGRC, Hoshiarpur

FORM OF CERTIFICATE RECOMMENDED FOR LEAVE OR EXTENSION OR COMMUNICATION OF
LEAVE AND FOR FITNESS

Signature of patient

Or thumb impression _____

To be filled in by the applicant in the presence of the Government Medical Attendant or Medical Practitioner (with qualifications-MBBS or above)

Identification marks:-

a. _____

b. _____

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

I, Dr. _____ after careful examination of the case certify hereby that _____ on restoration of health is now fit of join service.

Signature of Medical attendant _____
Registration No. _____
(MBBS or above with Mobile #)

Note: - The nature and probable duration of the illness should also be specified. This certificate must be accompanied by a brief resume of the case giving the nature of the illness, its symptoms, causes and duration.

FORMAT FOR MEDICAL RECORD

Name of the patient:

Age:

Sex:

Address:

Occupation:

Date of 1st visit:

Clinical note (summary) of the case:

Prov. : Diagnosis :

Investigations advised with reports:

Diagnosis after Investigation:

Advice:

Follow up

Date:

Observations:

Signature in full _____

Name of Treating Physician
(MBBS or above with Mobile #)