



अखिल भारतीय आयुर्विज्ञान संस्थान/ All India Institute of Medical Sciences
मंगलगिरि, आंध्रप्रदेश/ Mangalagiri, Andhra Pradesh

Medical Certificate Number: AIIMS/MG/MS/MRD/2025/

Date:

Medical Certificate/ Fitness Certificate

This is to certify that Mr./Ms.....

Age.....Male/Female, S/D/W/o.....

R/o.....

Cr No:..... is diagnosed with.....

and under the treatment of Dr He/She has been advised to

rest w.e.f to..... and is/will fit to resume duty on..... As

per patient/attendant request this certificate is issued for the purpose of

Signature of Patient.....

Treating Doctor Signature with Stamp:

Name:

Designation:

This certificate is issued & Counter Signed only for the purpose as stated above.

Medical Superintendent/ Representative

Not for Medico Legal Purpose