



**NATIONAL INSTITUTE OF SCIENCE EDUCATION & RESEARCH
BHUBANESWAR**

MEDICAL CERTIFICATE FOR LEAVE

Signature of Student _____

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

Date: _____

Medical Officer /
Authorised Medical Attendant /
Registered Medical Practitioner

Seal

Note: No recommendation contained in this certificate shall be evidence of a claim to any leave not admissible to the student.