



OFFICE OF THE MEDICAL OFFICER, HEALTH CENTRE
ASSAM VETERINARY AND FISHERY UNIVERSITY
G.S. Road, Khanapara, Guwahati-22.

MEDICAL CERTIFICATE

TO WHOM IT MAY CONCERN

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

Reg. No..... is/ was treated as an indoor / outdoor patient in the Health Centre,
Assam Veterinary and Fishery University, G.S. Road, Khanapara, Guwahati-22 with effect
from.....to and is/was suffering
from.....

He/ She is advised to rest for.....days/weeks/months with
effect from.....to.....

Now He/ She is/was fit/unfit to resume his/ her duties.

Sr. Medical Officer
AVFU
G.S. Road, Khanapara
Guwahati-22