

SUMAN HOSPITAL

Behind Marathi School, Gunjad Nagar, Deola. Ph. (C) 228116 (H) 228180

Certificate

This is to certify that ~~Mr./ Mrs.~~ Mr. Sanjay
Nasari Medhane
is/was under my treatment for Examine by me
and is / was advised complete rest for for days.
From _____ to _____ He / she
~~has completed prescribed course & rest and is now fit for~~
duties from Today onwards.

Sanjay
Signature
SUMAN HOSPITAL
DR. SANJAY P. NIKAM
B.H.M.S.(M.U.H.S.)
D.H.M.S.(Mumbai)
Reg. No. 24612