



POLIKLINIK RAHMAN PUTRA

G-8, NO.2, SEKSYEN U20, 40160 PERSIARAN BRP 1, BUKIT RAHMAN PUTRA, SHAH ALAM
47000 SELANGOR

Tel: 03-6732 7796

Email: poliklinikrahmanputra@yahoo.com

OFFICIAL RECEIPT

Patient Name : MOHAMAD KHAIR BIN SHAIFUL ALAM
ID / Passport No. : 891004-05-5191

189544 PERSIARAN GUNTONG (S)
Patient Address : 1/16 RPT SUNGAI PARI BUNTONG
30100 IPOH PERAK

Insurance/Corp Name :
Insurance/Corp Address :
Remarks :

Receipt No : PYT-22-0039167

Date/Time : 13/05/2022 07:59 AM

Cashier Name : HAMIZAH ROSLI

Payment Method : CASH

Payment Type : Selfpay

Bill No	Bill Date	PID/EID	Patient Name	Bill Amount (RM)
S-221652400505	13/05/2022	RP-6100/83797	MOHAMAD KHAIR BIN SHAIFUL ALAM	85.00

POLIKLINIK RAHMAN PUTRA
G-8, NO.2, SEKSYEN U20, 40160
PERSIARAN BRP 1, BUKIT RAHMAN
PUTRA 47000, SHAH ALAM, SELANGOR
TEL : 03-67327796
EMAIL : poliklinikrahmanputra@yahoo.com

BILLED AMOUNT :	85.00
COPAY (LESS) :	0.00
PAID (LESS) :	0.00
AMOUNT PAYABLE :	85.00
AMOUNT TENDERED :	85.00
CHANGE :	0.00
BALANCE AMOUNT PAYABLE :	0.00



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poliklinikrahmanputra@yahoo.com

MC NO : MC083797

Tarikh (Date) : 13/05/2022

SIJIL CUTI SAKIT

MC

Dengan ini saya mengesahkan bahawa saya telah memeriksa **MOHAMAD KHAIR BIN SHAIFUL ALAM**

I hereby certify that I have examined

No. K/P: **(891004055191)**

I/C No

dan mendapati beliau tidak sihat untuk bekerja / bersekolah selama **1.0 day(s)** dari **13/05/2022** hingga **13/05/2022**
and found him/her to be unfit for duty / school for

Reason : Lower Back Pain with Allergic Rhinitis

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EMAIL : poliklinikrahmanputra@yahoo.com

Dr. Vigneiswaran A/L Naraysamy
MMC 85041
MBBS (Mal)
Resident Medical Officer
Poliklinik Rahman Putra

Tidak sah untuk kehadiran mahkamah

This certificate is not valid for absence for court

Dr Vigneiswaran Naraysamy