

SICK CERTIFICATE
KLINIK RAJ 7310

• No. 15, Jln Cecawi PBS 6/19A, Sek. 6, Kota D'sara, 47810 P.J. Tel : 03 - 61405571

This is to certify that

Mr./Mrs./Miss.....
Muhammad Arzaf Bin Ammar

is ill, I recommend that he / she should be given sick

leave for
One (1)..... days

from
17.1.2020..... to

DR. K. RAJAINDRAN
M.B.B.S (MADRAS)
MMC NO: 27730

KLINIK RAJ
NO. 15, JALAN CECAWI
PBS 6/19A, SEKSYEN 6
47810 KOTA DAMANSARA

Date : *18.1.2020*
DR.K.RAJAINDRAN
M.B.Bs (Madras)