

SICK CERTIFICATE

KLINIK RAJ 9793

No. 15, Jln Cecawi PBS 6/19A, Sek. 6, Kota D'sara, 47810 P. J. Tel: 03 - 61405571
(Cons. Hours : 24 Hours)

This is to certify that

Mr./Mrs./Miss..... *Muhammad Arizat Bin Anwar*

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

leave for *11 days* **DR. K. RAJAINDRAN**
from *16/8/2018* to **M.B.B.S (MADRAS)**
..... **KLINIK RAJ** **MMC NO: 27730**

KLINIK RAJ
NO. 15, JALAN CECAWI
PBS 6/19A, SEKSYEN 6
47810-KOTA DAMANSARA
DR. K. RAJAINDRAN
M.B.Bs (Madras)

Date: *16/8/2018*