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भारतीय विमानपत्तन प्राधिकरण
AIRPORTS AUTHORITY OF INDIA

Page No.

Sl. No.

Form-CATC-602

Date

MEDICAL CERTIFICATE

Signature of Applicant.....

I, Dr. after examining the patient, certify that
Mr./Mrs./Ms.....(Who's signature is given above)is suffering
from.....disease. I understand that he/she needs leave
from.....to.....for his/her total recovery.

Date.....

C.A.T.C. Hospital, Bamrauli, Allahabad

FITNESS CERTIFICATE

Signature of Applicant.....

I, Dr. certify that I have examined
Mr./Mrs./Ms.....(Who's signature is given above)
and found that he/she is cured from disease and fit to take over official duties from
.....(Date)

Date.....

C.A.T.C. Hospital, Bamrauli, Allahabad