

STEEL AUTHORITY OF INDIA LTD
BOKARO STEEL PLANT

INTERIM SICK CERTIFICATE ISSUED AT OHS
CENTRE / MAIN HOSPITAL / MINES HOSPITAL

(To be prepared in triplicate)

IOW case No.

Date:

I hereby certify that

Sri/Smt/Miss..... Age about.....Years

Designation.....Department.....

Staff No..... Token No.....is under treatment as an Indoor/Outdoor Patient.

He/she is suffering from.....

and likely to be unfit for duty for a period of.....days.

With effect from..... to.....

Signature of the patient

Signature of treating Medical officer

Date:

Name in Block Letter

Design.....

Deptt.....