

**Appendix 'E'**

(Refer Para 24 (a) of the notification)

**MEDICAL CERTIFICATE**  
**COVID-19 FREE / ASYMPTOMATIC CERTIFICATE**

I, Dr \_\_\_\_\_ of \_\_\_\_\_ (Name of Government Hospital) is a registered medical practitioner and holding medical licence registered number \_\_\_\_\_ have examined Mr \_\_\_\_\_ S/o \_\_\_\_\_ on date \_\_\_\_\_ and have found Mr \_\_\_\_\_ free from the following diseases : CORONA VIRUS Disease-COVID-19 currently asymptomatic.

Dated \_\_\_\_\_

Stamp of Government Hospital

\_\_\_\_\_  
(Signature of Doctor with Stamp)

Dr \_\_\_\_\_

Government Hospital \_\_\_\_\_

Sector \_\_\_\_\_ Teh \_\_\_\_\_

Distt \_\_\_\_\_ State \_\_\_\_\_

PIN \_\_\_\_\_

**Note** :- Asymptomatic certificate should have proper stamp of Government Hospital and Doctor with Registration Number of Doctor.