



KERALA STATE ELECTRICITY BOARD LIMITED

(Incorporated under the Companies Act, 1956)

Reg. Office: Vydyuthi Bhavanam, Pattom, Thiruvananthapuram - 695 004, Kerala.

CIN: U40100KL2011SGC027424

Website: www.kseb.in

Office of the Chief Engineer (HRM)

Phone No. 0471 2448948, Fax No. 0471 2441361

Web: www.kseb.in E-mail: cehrm@kseb.in

MEDICAL CERTIFICATE OF KSEBL EMPLOYEES / DEPENDANTS
FOR AVAILING TRANSFER / PROTECTION

- 1. Name of employee & Employee Code : _____
- 2. Designation : _____
- 3. Office in which presently working : _____
- 4. Name of ARU : _____
- 5. Name of patient & relationship : _____

The above stated facts are true and correct.

Signature of the employee with date

Verified and found correct.

Place:

Date:

Signature of the ARU Head

CERTIFICATE

This is to certify that Sri./Smt.....
 father / mother / husband / wife / son / daughter / brother / sister of Sri./Smt.
 is diagnosed to have
 and
 advised to undergo treatment
 His/her present condition is
 He/She has been under my treatment from

This certificate is issued by me after careful medical examination to produce before KSEB Limited for the purpose of General Transfer 2024.

Signature of the Doctor:

Name of the Doctor:

Registration No.

Qualification:

System of medicine:

Mobile No.

Place:

Date:

(Office Seal)