



## KERALA STATE ELECTRICITY BOARD LIMITED

(Incorporated under the Companies Act, 1956)

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

CIN: U40100KL2011SGC027424

Website: [www.kseb.in](http://www.kseb.in)

Office of the Chief Engineer (HRM)

Phone No. 0471 2448948, Fax No. 0471 2441361

Web: [www.kseb.in](http://www.kseb.in) E-mail: [cehrm@kseb.in](mailto: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 2025.

Signature of the Doctor:

Name of the Doctor:

Registration No.

Qualification:

System of medicine:

Mobile No.

Place:

Date:

(Office Seal)