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 Secretary (Administration)
Phone: +91 471 2514456, 2514575, 2514504 Fax: 0471 2554039
E-mail: secretary@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 2026.

Signature of the Doctor:
Name of the Doctor:
Registration No.
Qualification:
System of medicine:
Mobile No.

Place:
Date:

(Office Seal)