

Cu/24/1540  
11/7/24

**Panjab University, Chandigarh**

No. 4295-99 /DRE

Dated: 11.07.2024

**Circular**

In order to streamline the application process for medical cases of semester examinations, there are new guidelines which are being implemented from academic session 2024-2025 onwards. These changes are:

- i. No medical certificate of private doctor/hospital will be accepted.
- ii. Format of medical certificate is attached. This certificate would also be available on Panjab University website i.e. <https://forms.puchd.ac.in/forms/20240710161210-formformmedicalcertificate.pdf?092207081124>
- iii. No other medical certificate except approved by Panjab University will be accepted.
- iv. The medical certificate alongwith full medical history (in original) issued by only government hospital/dispensary will be accepted.
- v. The Medical Certificate must have the following: -
  - i) Registration number of the medical practitioner
  - ii) Countersignature of CMO/SMO/Medical Superintendent
  - iii) Dispatch number and date of the issuing authority
  - iv) This decision may be implemented w.e.f. the academic session 2024-25

Sd/-

Deputy Registrar Examinations  
for Controller of Examinations

Copy to:

1. Assistant Registrar-I/II/III/IV for information and necessary action, please.
2. System Administrator (Computer Unit) for information, please

11/7/24

Deputy Registrar Examinations  
for Controller of Examinations



**PANJAB UNIVERSITY, CHANDIGARH****MEDICAL CERTIFICATE**

(To be filled by Authorized Medical Attendant. The entries to be made simultaneously in the OPD File/Indoor Record File before its issue)

1. Certified that Sh./Smt/Ms. \_\_\_\_\_ S/o, D/o, W/o \_\_\_\_\_ was examined in OPD/Admitted in hospital on dated \_\_\_\_\_ vide CR No. \_\_\_\_\_
2. The patient is suffering from \_\_\_\_\_
3. He/She has been attending the hospital/dispensary as Outdoor Patient/Admitted in hospital since \_\_\_\_\_
4. He/She is/was admitted in this hospital from \_\_\_\_\_ to \_\_\_\_\_
5. He/She has been recommended leave from \_\_\_\_\_ to \_\_\_\_\_
6. He/She is fit to resume his/her duties from \_\_\_\_\_
7. Expected/Actual date of delivery \_\_\_\_\_

\_\_\_\_\_  
Thumb impression/Signature  
Of the patient examined

Signature of the A.M.A. \_\_\_\_\_  
Registration No. \_\_\_\_\_  
Doctor's full name \_\_\_\_\_  
Designation \_\_\_\_\_  
Department \_\_\_\_\_

(Affix Rubber Stamp)

Countersigned by CMO/SMO/Medical Superintendent

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DUPLICATE

**PANJAB UNIVERSITY, CHANDIGARH****MEDICAL CERTIFICATE**

(To be filled by Authorized Medical Attendant. The entries to be made simultaneously in the OPD File/Indoor Record File before its issue)

1. Certified that Sh./Smt/Ms. \_\_\_\_\_ S/o, D/o, W/o \_\_\_\_\_ was examined in OPD/Admitted in hospital on dated \_\_\_\_\_ vide CR No. \_\_\_\_\_
2. The patient is suffering from \_\_\_\_\_
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4. He/She is/was admitted in this hospital from \_\_\_\_\_ to \_\_\_\_\_
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Of the patient examined

Signature of the A.M.A. \_\_\_\_\_  
Registration No. \_\_\_\_\_  
Doctor's full name \_\_\_\_\_  
Designation \_\_\_\_\_  
Department \_\_\_\_\_

(Affix Rubber Stamp)

Countersigned by CMO/SMO/Medical Superintendent