

Doctor's Letterhead

Date: _____

To Whom It May Concern

This is to certify that Mr / Ms / Mrs _____, age _____ years
and residing at address _____

has been examined by me and is at present not suffering from any influenza-
like symptoms or those related to COVID-19 and is at present asymptomatic.

This certificate is issued on date _____ for participating in a Vipassana
Course at Palghar Vipassana Centre, Palghar 401404.

Doctor's Sign

Doctor's Stamp