

MEDICAL CERTIFICATE FOR LEAVE OR EXTENSION OF LEAVE OR
COMMUTATION OF LEAVE

Signature of the Government servant.....

I,.....after careful personal examinations of the case hereby certify that Shri/Shrimati/Kumari.....whose signature is given above, is suffering from.....and I consider that a period of absence from duty ofwith effect fromis absolutely necessary for the restoration of his/her health.

Authority Medical Attendant
.....Hospital/Dispensary
or other Registered Medical
Practitioner

MEDICAL CERTIFICATE OF FITNESS TO RETURN

Signature of the Government servant.....

We, the members of Medical Board

I, Civil Surgeon/Staff Surgeon, Authority Medical Attendant, Registered Medical Practitioner } of.....

do hereby certify that we/I have carefully examined Shri/Shrimati/Kumari.....whose signature is given above, and find that he/she recovered from his/her illness and is now fit to resume duties in Government service. We/I/also certify that before arriving at this decision, we/I have examined the original medical certificate (S) and statement(S) of the case (or certify copies thereof) on which leave was granted or extended and have taken these into consideration in arriving at our/my decision.

Civil Surgeon/Staff Surgeon,
Authority Medical Attendant,
Registered Medical Practitioner

Dated.....