

FORM No. 3

(See rule 17)

**MEDICAL CERTIFICATE FOR GOVT. SERVANTS RECOMMENDED LEAVE OR
EXTENSION OF LEAVE OR COMMUTATION OF LEAVE**

Signature of the Government servant

I,..... after careful personal examination 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 from.....is absolutely necessary for the restoration of his/her health.

Authorised Medical Attendant,
.....Hospital/Dispensary
or other Registered Medical
Practitioner.

Dated.....

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FORM 4

[See rule 23(3)]

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of Government servant

I,.....

Authorised Medical Attendant of
.....
Registered medical Practitioner.

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

Authorised Medical Attendant of
.....
Registered medical Practitioner.

Dated.....