

FORM - 4

Medical Certificate for Non-Gazatted Office Recommended Leave or
Extention of Leave or Commutation of Leave

Signature of the Govt. Servant

Iafter careful personal
examination of the case hereby certify that Sri/Srimati/Kumari
..... whose signature is given
above, is suffering fromand
I consider that a period of absence from duty of
with effect fromis absolutely
necessary for the restoration of his / her health.

Date

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

FORM - 5

Medical Certificate of Fitness to Return to Duty

Signature of the Govt. Servant

I do hereby certify that
I have carefully examined Sri/ Srimati/ 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 his decision. I have exam-
ined 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.

Dated

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