

MEDICAL CERTIFICATE FOR LEAVE OR EXTENSION OF COMMUTATION OF LEAVE
IN RESPECT OF GAZETTED OFFICER

Signature of the Government Servant.....
I,.....after careful personal
examination of the case hereby certify that Shri / Smt. / Kumari
..... whose signature is given above, is suffering
from and I consider that a period of absence
from duty of day (s) with effect fromis
absolutely necessary for the restoration of his / her health.

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

Dated.....

.....
Form - 5

MEDICAL CERTIFICATE OF FITNESS FOR RETURN TO DUTY

Signature of the Government Servant.....
I / We.....member of Medical Board /
Civil Surgeon / Staff Surgeon / Authorised Medical Attendant / Registered Medical Practitioner
of
..... hereby certify that I / We have carefully examined Shri / Smt. /
Kumari
whose signature is given above and found that he / she has recovered from his / her illness and
now fit to resume duties in Government service. I / We also certify that before arriving at this
decision, I / we have examined the original medical certificate (s) and statement (s) of the case
(or certified copies thereof) on which leave was granted or extended.

Members of the Medical Board / Civil Surgeon /
Staff Surgeon / Authorised Medical Attendant /
Registered Medical Practitioner

Dated.....