

“NON – GAZETTED OFFICERS”

**MEDICAL CERTIFICATE FOR LEAVE OR EXTENSION OR
COMMUNICATION OF LEAVE**

Signature of applicant :

Iafter careful personal
Examination of the case hereby certify that

.....
.....

Whose signature, given above is suffering from

.....

and I consider that a period of absence from duty of

with effect from is absolutely necessary for the
restoration of his / her health

Station & Address Date	Medical Attendant (Registered Medical Practitioner and Registration Certificate No) District Medical Officer or nearest Govt. Gazetted Medical Officer
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MEDICAL HISTORY

(The nature and probable duration of illness should be specified)

Medical Attendant
(Registered Medical Practitioner and Registration Certificate No)
District Medical Officer or nearest Govt. Gazetted Medical Officer

CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of the Candidate:-

We, the Member of the Medical Board

I, the District Medical Officer/Civil Surgeon of do hereby that

I, a Registered Medical Practitioner

We / I have carefully examined

.....of the

.....department whose Signature is given above and

find he has recovered from his/her illness and is now fit to resume duties in Government

Service on20.

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 certified copies there of) on which leave was granted or extended, and have taken there into consideration in arriving at our / my decision.

Station:

Date :

Signature of the Member of the Medical Board
The District Medical Officer / Civil Surgeon/
Registered Medical Practitioner.