

ANNEXURE

MEDICAL CERTIFICATE FOR LEAVE OR EXTENSION OF COMMUTATION OF LEAVE

Signature of the Government Servant.....

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

Dated.....

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

MEDICAL CERTIFICATE OF FITNESS FOR RETURN OF 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.

Dated.....

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