MEDICAL CERTIFICATE FOR LEAVE OR EXTENSION OF LEAVE OR COMMUTATION LEAVE

Signature of the Government Servant:_____

I _____ after personal examination of the case hereby certify that Shri /Smt./ Kum _____ whose signature is given above is suffering from_____(disease) and I consider that a period of absence from duty of _____(no. of days) with effect from _____ is absolutely necessary for the restoration of his/her health.

Authorized Medical Attendant/
Civil Surgeon

Dated_____

MEDICAL CERTIFICATE FOR OF FITNESS TO RETURN TO DUTY

Signature of the Government Servant: _____

I _____ Attendant /Registered Medical Practitioner of _____ (Name of the Hospital/Clinic) do hereby certify that I/ We have carefully examined Shri /Smt. / Kum _____whose signature is given above, find that he /she recovered from his/her illness and in now fit to resume duties in Government service. We /I also certify that before arriving at this decision, we /I examined the original medical certificate and statement of the case of certified copies thereon on which leave was granted or extended and have taken into consideration in arriving at our /my decision.

Authorized Medical Attendant/
Civil surgeon

Dated _____

(Note: MC/Fitness Certificate should from the Civil Surgeon of a Government Hospital, i.r.o. Group A Officers)