

चिकित्सक का प्रमाण - पत्र
Medical Certificate for Govt. Servants
FORM NO. 3 (SEE RULE 18)

RECOMMENDED LEAVE OR EXTENSION OF LEAVE OR COMMUTATION OF LEAVE

Signature of the Govt. 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 is absolutely necessary for the restoration of his/her health.

Date

Authorised Medical Attendant

.....Hospital/Dispensary

or Reg. Medical Practitioner

FORM NO. 4 [SEE RULE 23(3)]
MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of the Govt. servant

I Civil surgeon / Staff surgeon

Authorised Medical Attendant

.....

Registered Medical Practitioner

Do hereby certify that I have carefully examined Shri/Smt./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 Govt. service. I also certify that before

arriving at this decision, I have examined the original medical certificate and statements of the case (or

certified copies thereof) on which leave was granted or extended and have taken there into consideration in

arriving at my decision.

Civil surgeon / Staff surgeon

Authorised Medical attendant

Registered Medical Practitioner