

Form 4

MEDICAL CERTIFICATE FOR LEAVE or EXTENSION OF LEAVE or COMMUTATION OF LEAVE

Signature of the Government servant

I, after careful personal examination of the case hereby certify that Shri/Shrimati/Kumari..... whose signature is given above, is suffering fromand I consider that a period of absence from duty of with effect from is absolutely necessary for the restoration of his/her health.

Authorised Medical Attendant

.....Hospital

Date

Form 5

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of the Government servant

I, Civil Surgeon/ Staff Surgeon of do hereby certify that we/I have carefully examined Shri/Shrimati/Kumari..... whose signature is given above, and find that he/she recovered from his/her illness and is now fit to resume duties in Government service. 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 thereof) on which leave was granted or extended and have taken these into consideration in arriving at our/my decision.

Civil Surgeon/Staff Surgeon/

Authorised Medical Attendant

.....Hospital

Date