

FORM : 4
MEDICAL CERTIFICATE FOR LEAVE OR EXTENSION OF LEAVE OR
COMMUTATION OF LEAVE

Signature of the Government servant _____

I Dr. _____ after careful personal examination of the case hereby certify that Shri/Smt./Kum. _____ whose signature is given above as suffering from _____ and I consider that period of absence from duty of _____ with effect from _____ to _____ is absolutely necessary for the restoration of his / her health.

Place:
Date

Authorized Medical Attendant:
Hospital/ Dispensary of other
Registered Medical Practitioner

Form - 5
MEDICAL CERTIFICATE OF FITNESS TO RETURN TO LEAVE

Signature of the Government Servant _____

We, the members of Medical Board, We/I Dr. _____ Civil Surgeon/Staff Surgeon, AMA/RMP do here by certify that We/I have carefully examined Dr. / Sri / Smt. / Kum. _____ whose signature is given above and find that he/she recovered from his/her illness and is now fit to resume duties on _____ 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 my decision/Member of the Medical Board.

Place:
Date :

Civil Surgeon/Staff Surgeon/
Authorized Medical Attendant/
Registered Medical Practitioner