

Form 5

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of the Govt. servant.....

We, the members of medical board

I,**Civil Surgeon/Staff Surgeon/**

Authorized Medical Attendant

Registered Medical Practitioner

Do hereby certify that we/I have carefully examined Sh./Smt./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.

Members of the Medical Board

(1).....

(2).....

(3).....

Civil Surgeon/Staff Surgeon/

Authorized Medical Attendant

Date.....

FORM 3

MEDICAL CERTIFICATE FOR GAZETTED OFFICERS RECOMMENDED 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 from..... and I consider that a period of absence from duty ofwith effect from.....is absolutely necessary for the restoration of his/her health.

**Civil Surgeon/Staff Surgeon/
Authorized Medical Attendant
.....Dispensary**

Date

NOTE 1

This form should be adhered to as closely as possible and should be filled in after the signature of the Government servant has been taken. The certifying officer is not at liberty to certify that the Government servant requires a change from or to a particular locality or that he is not fit to proceed to a particular locality. Such certificates should only be given at the explicit desire of the administrative authority concerned to whom it is open to decide, when an application on such grounds has been made to him, whether the applicant should go before a Civil Surgeon/Staff Surgeon/ Authorized Medical Attendant to decide the question of his /her fitness for service.

NOTE 2

No recommendation contained in this certificated shall be evidence of a claim to any leave not admissible to the Government servant.

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 from.....and I consider that a period of absence from duty ofwith effect from..... is absolutely necessary for the restoration of his/her health.

Authority Medical Attendant
.....Hospital/dispensary
or other Registered Medical
Practitioner

Dated.....