

**MEDICAL CERTIFICATE FOR OFFICERS RECOMMENDING LEAVE OR
EXTENSION OF LEAVE OR COMMUTATION OF LEAVE.**

Signature of the Govt. Servant: _____.

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

Date:

**Authorised Medical Attendant
Hospital/Dispensary**

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of the Govt. Servant: _____.

I, Dr. _____ do hereby certify that I have carefully examined Sri/Smt. _____ whose signature is given above and find that he/she has recovered from his/her illness and is now fit to resume duties in Government service on _____. I also certify that before arriving at this decision, 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 those into consideration in arriving at my decision.

Date:

**Authorised Medical Attendant
Hospital/Dispensary**