

FORM 4 [See Rules 19]

**MEDICAL CERTIFICATE FOR NON-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/Smt/Km _____ whose signature is given above, is suffering from _____ and I consider that a period of absence from duty of _____ with effect from _____ is absolutely necessary for the restoration of his/her health.

Authorized Medical Attendant

Dated :

Hospital/Dispensary or other Registered
Medical Practitioner

FORM 5 [See Rules 24(3)]

**MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY OF NON-GAZETTED
OFFICER**

Signature of the Government servant _____

We, the members of Medical Board :

I, _____ Authorized Medical Attendant/Registered Medical Practitioner of _____ do hereby certify that we/I have carefully examined Shri/Smt/Km _____ 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 statements(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) _____

Dated:

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