

FORM 4

(See Rule 19)

**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 of with effect from
.....
is absolutely necessary for the restoration of his/her health.

**Authorised Medical Attendant
Hospital/Dispensary
Or other Registered Medical Practitioner**

Dated:.....

[See Rule 24(3)]

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of Government servant.....

We, the members of Medical Board.....

I, Civil Surgeon/ Staff Surgeon, Authorized Medical
Attendant, Registered Medical Practitioner.....of
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 statements of the case (or certified copies thereof) on which leave was
granted or extended and have taken these in to consideration in arriving at our / my decision.

Members of the Medical Board

- 1.
- 2.
- 3.

**Civil Surgeon/ Staff Surgeon,
Authorised Medical Attendant,
Registered Medical Practitioner,
Amendment to General Financial
Rules, 1963**

Dated.....