

Form 4  
(See Rule 19)

**MEDICAL CERTIFICATE FOR LEAVE OR EXTENTION OF LEAVE OR  
COMMUTATION OF LEAVE**

Signature of Government Servant .....

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

Civil Surgeon/Staff Surgeon  
Authorised Medical Attendant  
.....Hospital/Dispensary.

Dated:

Form 5  
(See Rule 24(3))

**MEDICAL CERTIFICATE FOR FITNESS TO RETURN TO DUTY**

Signature of Government Servant .....

We the members of the Medical Board/I .....  
.....Civil Surgeon/Staff Surgeon, Authorised  
Medical Attendant, Registered Medical Practitioner of.....  
..... do hereby certify that We/I have carefully  
examined Shri/Smt/Kumari.....  
Whose signature is given above and find that he/she recovered from his/her illness and is  
now fit to resume duties at Government Service. We/I also certify that before arriving at this  
decision we/I have examined the original medical certificates(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 Medical Board  
(1)  
(2)  
(3)  
Civil Surgeon/Staff Surgeon  
Authorised Medical Attendant

Dated: