

**MEDICAL CERTIFICATE OF FITNESS TO JOIN DUTY
AFTER LEAVE**

I, Dr _____ do hereby certify that
I have carefully examined Shri/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 the _____ with
effect from _____. I also certify that before arriving at
this decision, I have examined the original Medical Certificate and state-
ment of the case on which leave was granted and have taken these in to
consideration in arriving at my decision.

Signature of Medical Officer

Registration No. _____

Part of Registration

System of Medicine

Place :

Date :