

FORM-3
(See Rule 18)

**MEDICAL CERTIFICATE FOR GAZATTED 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 Sri./Smt./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.

In my opinion, it is/it is not necessary for the Government servant to appear before a Medical Board.

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

Date:

Signature of the Government Servant

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

I, Dr. do hereby certify that I have carefully examined Sri./Smt. whose signature is given above and find that he/she recovered from his/her illness and is now fit to resume duties in with effect from I also certify that before arriving at this decision, I have examined the original Medical Certificate and statement 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: