

**MEDICAL CERTIFICATE FOR LEAVE OR EXTENSION OR COMMUTED  
LEAVE**

Signature of the Applicant:.....

I, Dr.....on  
examination of the case hereby certify that Shri/Smt/Kum.....  
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 restoration of his/her health.

Station:

Dated:

Signature of the Registered  
Medical practitioner

**FORM OF MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY**

Signature of the applicant.....

I, Dr..... is hereby  
certify that I have carefully examined Shri/Smt/Kum..... of  
the office whose signature is given above and find that he/she has recovered from  
his/her illness and is now fit for duty wef..... and to resume duty  
in Government service. I also certify that before arriving at this decision. I have  
examined the original Medical Certificate(s) and statement(s) of the case for certified  
copies thereof of on which leave was granted or extended and have taken into  
consideration in arriving at my decision.

Station:

Dated:

Signature of the Registered  
Medical practitioner