

**MEDICAL CERTIFICATE FOR OFFICERS RECOMMENDED LEAVE
OR EXTENSION OF LEAVE OR COMMUTATION OF LEAVE**

FORM 3
(Rule 19)

Signature of the Govt. Servant.....

**I Dr.....after careful personal examination of the
case hereby certify that Sh./Smt./Ms.....whose signature is
given above is suffering from and I consider that a period of
absence from duty fordays with effect from dt.....is absolutely
necessary for the restoration of his / her health.**

**Date :
Place:**

**Civil Surgeon /
Authorised Medical Attendant /
Registered Medical Practitioner/
Dispensary
SEAL**

MEDICAL CERTIFICATE OF FITNESS FOR RETURN TO DUTY

FORM 5
(Rule 24 (3))

Signature of the Govt. Servant.....

I Dr.....do hereby certify that I have carefully examined

**Sh./Smt./Ms..... whose signature is given above and find that
he/she recovered from illness and is now fit to resume duties. I also certify that before
arriving at this decision I have examined the Original Medical Certificate on which leave
was granted or extended and have taken these into consideration in arriving at my
decision.**

**Date:
Place:**

**Civil Surgeon /
Authorised Medical Attendant /
Registered Medical Practitioner/
Dispensary
SEAL**