

FORM 3

[See Rule 19]

**MEDICAL CERTIFICATE FOR GAZETTED 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 Shri/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.

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

Dated

FORM 5

[See Rule 24 (3)]

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

Signature of the Government servant

I, Civil Surgeon/Staff Surgeon,
Authorized Medical Attendant, } of
Registered Medical Practitioner

do hereby certify that 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 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 (or certified copies thereof) on which leave was granted or extended and have taken these into consideration in arriving at my decision.

Civil Surgeon / Staff Surgeon,
Authorized Medical Attendant,
Registered Medical Practitioner

Dated