

FORM – 4

[See Rule 19]

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

Signature or the Government servant.....

I,after
careful personal examination of the case hereby certify that Shri/Shrimati/Kumari
..... whose signature is given above, is
suffering fromand I consider
that a period of absence from duty ofwith effect
from.....is absolutely necessary for the restoration of
his/her health.

Authorised Medical Attendant
_____Hospital/Dispensary
or other Registered Medical Practitioner

Dated :-.....