

FORM-5

See Rule 24 (3)

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of the Government Servant.....

We the members of Medical Board

I.....Civil Surgeon/Staff Surgeon of  
Authorised Medical Attendant  
Registered Medical Practitioner of  
.....

Do hereby certify that we/I have carefully examined Shri/Srimati/Kumari  
.....where

Signature is given above, and find that he/she has recovered from his/her illness and not fit to resume duties in Government Service. We/I also certify that before arriving at his decision, We/I have examined the regional medical certificate(s) and statement (s) of the case (or certified copies thereof) on which leave was granted on extended and leave taken these into consideration in arriving at our/my decision

Members of the Medical Board

- 1).....
- 2).....
- 3).....