

कार्यालय प्रधान महालेखाकार (लेखा एवं हकदारी) हरियाणा, चंडीगढ़  
**OFFICE OF THE PRINCIPAL ACCOUNTANT GENERAL (A&E) HARYANA  
CHANDIGARH**

कार्यालय आदेश  
**OFFICE ORDER**

**Subject: Compliance with Rule 19 of CCS (Leave) Rules, 1972 -  
Submission of Medical and Fitness Certificates for Sanction of Commuted  
Leave on medical grounds.**

It has been brought to notice that officials/officers are not strictly adhering to the prescribed rules under CCS (Leave) Rules, 1972 while applying for Commuted Leave and submitting fitness certificates. This not only shows negligence on the part of the defaulting officer/official but also increases the avoidable burden of unnecessary correspondence.

In this regard, following instructions are reiterated for compliance:

1. **A Gazetted Government servants** who are **CGHS** beneficiaries must submit medical certificates in **Form 3**, issued by:
  - A doctor in a CGHS dispensary, or
  - A Government hospital.
2. **A Non-Gazetted Government servants** who are **CGHS** beneficiaries must submit medical certificates in **Form 4**, issued by:
  - A doctor in a CGHS dispensary, or
  - A Government hospital.
3. Medical certificates from **Authorized Medical Attendants (AMAs)** shall only be accepted in cases where the official is not a CGHS beneficiary or is temporarily outside CGHS coverage as per the proviso to Rule 19(1)(i) and 19(1)(ii) of the CCS (Leave) Rules, 1972.
4. In case of **hospitalization or indoor specialized treatment** (e.g., heart disease, cancer, etc.) in a hospital recognized by the Ministry of Health & Family Welfare and duly approved by the Competent Authority, the prescribed medical certificate may also be issued by the treating hospital/doctor.
5. A Gazetted Government servants who are CGHS beneficiaries but, at the time of illness, are away from a CGHS area or on duty outside Headquarters may produce the Medical Certificate in **Form 3** and Fitness Certificate in **Form 5**, given by a Government hospital or an **Authorized Medical Attendant**.
6. A Non-Gazetted Government servants who are CGHS beneficiaries but, at the time of illness, are away from a CGHS area or on duty outside Headquarters may produce the Medical Certificate in **Form 4** and Fitness Certificate in **Form 5**, given by a Government hospital or an **Authorized Medical Attendant** or, if unavailable within 8 km, by a **Registered Medical Practitioner**, clearly defining the nature and probable duration of illness.
7. All leave on medical grounds must be accompanied by the correct

prescribed certificate (Form 3 or Form 4, as the case may be) and must clearly state the nature and duration of illness.

8. Upon return from commuted leave, a **Fitness Certificate in Form 5** must be submitted without fail. As per Rule 24(3)(a) of CCS (Leave) Rules, 1972, a Government servant who has availed leave on medical certificates shall not return duty until he has produced a medical certificate of fitness in **Form 5**.

All officials/officers are hereby directed to **strictly comply** with the above instructions. Further, all leave sanctioning authorities shall also ensure **strict adherence** to these instructions while considering and sanctioning commuted leave.

In case the leave application is not in consistent with the prescribed rules, the period of absence will be treated as **unauthorised absence** and will be dealt with accordingly.

Digitally signed by  
Veenus Chaudhary  
Date: 19-03-2026  
17:21:27

वरिष्ठ उप महालेखाकार (प्रशासन)  
Sr. Dy. Accountant General (Admn.)

Admn-III/Leave/474851/2025-26/1695

Dated: 19-03-2026

Copy forwarded through IOR to the followings for information & necessary action:-

1. Secretary/Sr. Private Secretary to the Pr. Accountant General.
2. PA's to all the Group Officers.
3. All leave recommending & sanctioning officers.
4. All officials.
5. Notice board.-

WM (A)/DA/PF/Leave/2026-26/53

Dated:-13-04-2026

Copy of above is forwarded (through Office Website) to all Concerned officials/Officers for their information and further necessary action compliance.

*Asha Chandra*  
Sr. Accounts Officer, WM (A)

**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/Shrimati/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

Dated .....

.....Dispensary

NOTE 1. – Deleted.

NOTE 2. – This form should be adhered to as closely as possible and  
should be filled in after the signature of the Government servant has been  
taken. The certifying officer is not at liberty to certify that the Government  
servant requires a change from or to a particular locality or that he is not fit to  
proceed to a particular locality. Such certificates should only be given at the  
explicit desire of the administrative authority concerned to whom it is open to  
decide, when an application on such grounds has been made to him, whether  
the applicant should go before a 2[ Civil Surgeon/Staff Surgeon/Authorized  
Medical Attendant/to decide the question of his / her fitness for service.

NOTE 3. – No recommendation contained in this certificate shall be  
evidence of a claim to any leave not admissible to the Government servant.

**FORM 4**  
[See Rule 19]  
**MEDICAL CERTIFICATE FOR 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 / Shrimati / 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.

Authorized Medical Attendant  
.....Hospital / Dispensary  
or other Registered Medical  
Practitioner

Dated.....

NOTE 1- The nature and probable duration of the illness should be specified.

NOTE 2- This Form should be adhered to as closely as possible and should be filled in after the signature of the Government servant has been taken. The certifying officer is not at liberty to certify that the Government servant requires a change from or to a particular locality, or that he is not fit to proceed to a particular locality. Such certificates should only be given at the explicit desire of the administrative authority concerned, to whom it is open to decide, when an application on such grounds has been made to him, whether the applicant should go before a Civil Surgeon or Staff Surgeon to decide the question of his/her fitness for service.

NOTE 3.- Should a second medical opinion be required, the authority competent to grant leave should arrange for the second medical examination to be made at the earliest possible date by a Medical Officer not below the rank of a Civil Surgeon or Staff Surgeon, who shall express an opinion both a regards the facts of illness and as regards the necessity for the amount of leave recommended and for this purpose he may either require the Government servant to appear before himself or before a Medical Officer nominated by himself.

NOTE 4.- No recommendation contained in this certificate shall be evidence of a claim to any leave not admissible to the Government servant.

**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....  
Authorized Medical Attendant }  
Registered Medical Practitioner }

do hereby certify that we / I have carefully examined Shri / Shrimati I 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. We / I also certify that before arriving at this decision, we / 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 our / my decision.

Members of the Medical Board

(1).....

(2).....

(3).....

Civil Surgeon / Staff Surgeon

Authorized Medical Attendant

Registered Medical Practitioner

Dated.....

NOTE.- The original medical certificate(s) and statement(s) of the case on which the leave was originally granted or extended shall be produced before the authority required to issue the above certificate. For this purpose, the original certificate(s) and statement(s) of the case should be prepared in duplicate, one copy being retained by the Government servant concerned.