

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 fromis absolutely necessary for the restoration of his / her health.

Authorised Medical Attendant

.....Hospital / Dispensary

Dated.....

or other Registered Medical Practitioner

FORM 5

[See Rule 24 (3)]

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

Signature of the Government Servant.....

We, the Members of the Medical Board,

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

do hereby certify that we / I have carefully examined Shri / Shrimati / 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

Authorised Medical Attendant

Registered Medical Practitioner

Dated.....