

Form 3

[See Rule 19]

**MEDICAL CERTIFICATE FOR GAZETTED OFFICERS
RECOMMENDED 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.

Civil surgeon/Staff surgeon/
Authorized Medical Attendant

.....Dispensary

Dated -.....