

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

(Signature/left hand thumb  
Impression of the Government Servant)

I, Dr. .... after careful personal  
examination of the case, hereby certify that Shri/Smt./Kum. ....  
(whose Signature/left hand thumb impression is given above) is suffering from  
.....and I consider that a period of absence from duty  
of ..... (No. of days) with effect from the .....is  
absolutely necessary for the restoration of his/her health.

Dated .....

Signature of the Authorised  
Medical Attendant / Regd.Med.

Hospital / Dispensary or other  
Registered Medical Practitioner

MEDICAL CERTIFICATE OF FITNESS

TO RETURN TO DUTY

(Signature or left hand thumb  
Impression of the Government Servant)

Rules 24(3)

I, Dr./Shri/Smt./Kum.....Authorised  
Medical attendant of .....do hereby certify that I have carefully  
examined Shri / Smt./ Kum. .... whose signature/left  
hand thumb impression is given above and find that he/she has recovered from his/her  
illness and is now fit to resume duties in Govt. service. I also certify that before arriving  
at this decision I have examined the original medical certificate(8) and statement (8) of  
the case (or certified copies thereof) on which leave was granted or extended and have  
taken these into consideration in arriving at my decision.

Dated.....

Signature of the Authorised  
Medical Attendant / Regd.Med.

Hospital / Dispensary or other  
Registered Medical Practitioner