

FORM-4
(See Rule 19)

Medical certificate for non-Gazetted Officer recommended leave or extension of leave or commutation of leave.

Signature of Government Servant

I, _____ after careful personal examination of the case hereby certify that Sri/Smt/Kumari _____ whose signature is given above is suffering from _____ and I consider that a period of absence from duty of _____ days with effect from _____ is absolutely necessary for the restoration of his/her health.

Date:- _____.

Authorised Medical Attendent

FORM-5

Medical certificate of Fitness of Return of duty.

Signature of Government Servant

I,.....do hereby certify that I have carefully examined Sri/Smt/Kumari has recovered from his/her illness and is now fit to resume duties in Government service. I also certify that before arriving at this decision, I have examined the original medical certificate and statement 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.

Date:-

Authorised Medical Attendent.