

MEDICAL CERTIFICATE FOR LEAVE OR EXTENSION OF COMMUTATION OF LEAVE  
IN RESPECT OF GAZETTED OFFICER

Signature of the Government Servant.....

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

Dated.....

.....  
Form - 5

MEDICAL CERTIFICATE OF FITNESS FOR RETURN TO DUTY

Signature of the Government Servant.....

I / We.....member of Medical Board / Civil Surgeon / Staff Surgeon / Authorised Medical Attendant / Registered Medical Practitioner of ..... hereby certify that I / We have carefully examined Shri / Smt. / Kumari ..... whose signature is given above and found that he / she has recovered from his / her illness and now fit to resume duties in Government service. I / We also certify that before arriving at this decision, I / we have examined the original medical certificate (s) and statement (s) of the case (or certified copies thereof) on which leave was granted or extended.

Dated.....