MEDICAL CERTIFICATE

| Signature of Applicant | |
|----------------------------------|----------------------------------------------------------------------------------------------------|
| I, Dr | after carefulpersonal examination |
| of the case hereby certification | fy thatDr. /Shri /Smt. /Ms (name |
| | ant) of the Office of the whose signature is |
| | g from and, therefore, I |
| - | of absence from duty from |
| effect from | is absolutely necessary for the restoration of his/her health. |
| Place: | Signature of Government Medical Officer /Civil Surgeon / |
| | Staff Surgeon/Authorized Medical Attendant/Registered Medical Practitioner alongwith official seal |
| Date:Registration No | —————————————————————————————————————— |
| | |
| | |
| | FITNESS CERTIFICATE |
| Signature of Applicant. | |
| I. Dr | do hereby certifythat I had |
| | /Shri/Smt./Ms. |
| (name & designation | of applicant) of the Office of the |
| - | n above, and find that he/she has recovered from his/her illness |
| | e duties in Government service. I also certify that before arriving |
| | xamined the original medical certificate and statement of the case |
| into consideration in arr | cof) on which leave was granted or extended and have taken these iving at my decision |
| into consideration in air | Tymg at my decision. |
| Place: | Signature of Government Medical Officer /Civil Surgeon / |
| | Staff Surgeon/Authorized Medical Attendant/Registered |
| Date: Re | Medical Practitioneralong with official seal |