

MEDICAL CERTIFICATE

SIGNATURE OF GOVERNMENT SERVANT _____

I, Dr. _____ after carefully 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 _____ (days) with effect from _____ is absolutely necessary for the restoration of his/her health.

Place :- _____ Signature of Authorised Medical Attendant/
Date :- _____ Registered Medical Practitioner.
Name _____
Regd. No. _____
Address _____

MEDICAL CERTIFICATE OF FITNESS

SIGNATURE OF GOVERNMENT SERVANT _____

I _____ Civil Surgeon/ Staff. Surgeon /Authorised Medical Attendant/ Registered Medical Practitioner of _____ do hereby certify that I have carefully examined Shri/Smt./Kumari _____ whose signature is given above and find that he/she has recovered from his/her illness and is now fit to resume duties in Govt. service w.e.f. _____

I/We carefully certify that before arrived at this decision I/We 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 our/my decision.

Place :- _____ Signature of Civil Surgeon/Staff Surgeon /
Dated :- _____ Authorised Medical Attendant/Registered
Medical Practioner.
Name _____
Regt. No. _____
Address _____