

FORM NO 4

Medical certificates for Non-Gazetted Officer recommended for extension of leave or commutation of leave.

Signature of Government servant _____

I, Dr. _____ after careful personal examination of case hereby certify that Shri./Smt./Kum. _____

Whose signature is given above is suffering from _____ and I consider that a period of absent from duty of _____ days with effect from _____ is absolutely necessary for the restoration of his/her health.

Authorised Medical Attendant
Registered Medical Practitioner

Date: _____

FORM NO 5

**See Rule 34(3) Medical Certificate of
Fitness to return to duty**

Signature of Government servant _____

I, Dr. _____ that I have carefully examined Shri./Smt./Kum. _____ whose signature is given above and find that he/she recovered from his/her illness and is now fit to resume duties in Government service. I have examined the medical certificate to (3) and statement of the same or certified copies there of on which leave granted or extended and have taken into consideration arrived at a decision.

Authorized Medical Attendant
Registered Medical Practitioner

Date: _____