

FORM 4
MEDICAL CERTIFICATE FOR LEAVE OR EXTENTION OF LEAVE OR
COMMUTATION OF LEAVE

Signature of the Govt. servant

I, Dr. after careful personal examination
of the case, hereby certify that Sh. /Smt. /Km.
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.

Authorized Medical Attendant
..... **Hospital/Dispensary**
Or other Registered Medical Practitioner

Dated.....

FORM 5

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of the Govt. servant

I, Dr. do hereby certify that I have
carefully examined Sh./Smt./Km.

whose signature is given above, and find that he/she recovered from his/her illness and is
now fit to resume duties in Govt. Service. I also certify that before arriving at this
decision I have examined the original medical certificate (s) and statement (s) 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.

**Civil Surgeon/Staff Surgeon
Authorized Medical Attendant
Registered Medical Practitioner**

Dated.....