

**FORM 4**  
**[See Rules 19]**

**MEDICAL CERTIFICATE FOR LEAVE OR EXTENSION  
OF LEAVE OR COMMUTATION OF LEAVE**

Signature of the Government servant \_\_\_\_\_

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

Dated :

Authorized Medical Attendant/  
.....Hospital/Dispensary/  
or other Registered Medical Practitioner

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**FORM 5**  
**[See Rules 24(3)]**

**MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY**

Signature of the Government servant \_\_\_\_\_

I, \_\_\_\_\_ Authorized Medical Attendant/Registered  
Medical Practitioner of \_\_\_\_\_ do hereby certify that we/I have  
carefully examined Shri/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 Government service. We/I also certify that before arriving at this decision, we/I have examined  
the original medical certificate(s) and statements(s) 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. He/she is fit for duty with effect from .....

Dated :

Authorized Medical Attendant/  
.....Hospital/Dispensary/  
or other Registered Medical Practitioner