

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

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 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 our/my decision. He/she is fit for duty with effect from

Dated :

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