

F O R M – 4
(See Rule 19)

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

Signature of the Government Servant:.....

I

Personal examination of the case hereby certify that Shri /Smt./ Kum
..... 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.

Authorised Medical Attendant

Hospital/Dispensary of other Registered
Medical Practitioner

Dated:-

F O R M – 4
(See Rule 243)

MEDICAL CERTIFICATE FOR OF FITNESS TO RETURN TO DUTY

Signature of the Government Servant:.....

I

Attendant /Registered Medical Practitioner of
do hereby certify that I/ We have carefully examined Shri /Smt. /Kum
whose signature is given above, find that he /she recovered from his/her illness and in now
fit to resume duties in Government service. We /I also certify that before arriving at this
decision, we /I examined the original medical certificate and statement of the case of
certified copies thereon on which leave was granted or extended and have taken into
consideration in arriving at our /my decision.

Authorised Medical Attendant
Registered Medical Practitioner

Dated:-