

**MEDICAL CERTIFICATE**

Signature of the Government Servant \_\_\_\_\_

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

Place:  
Date :

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

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**MEDICAL CERTIFICATE OF FITNESS TO RETURN TO LEAVE**

Signature of the Government Servant \_\_\_\_\_

We, the members of Medical Board,

We/I Dr. \_\_\_\_\_ Civil Surgeon/Staff Surgeon, AMA/RMP do here by certify that We/I have carefully examined Dr. / Sri / Smt. / Kum. \_\_\_\_\_ whose signature is given above and find that he/she recovered from his/her illness and is now fit to resume duties on \_\_\_\_\_ 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 my decision.

Place:  
Date :

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