

FORM-03

(SEE Rule-18)

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

Signature of the Govt. Servant _____

I Dr. _____ after careful personal examination of case hereby certify that Shri / Smt _____ whose signature is given above is suffering from _____ & I consider that a period of absence from duty of _____ w.e.f. _____ to _____ is absolutely necessary for the restoration of his / her health. In my opinion, it is not necessary for the Government servant to appear before a Medical Board.

Dated _____

Place _____

Authorized Medical Attendant

FORM-04

[SEE Rule-23(3)]

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of the Govt. Servant _____

I Dr. _____ Authorised Medical Attendant of T.H.S. do hereby certify that I have carefully examined Shri / Smti _____ whose signature is given above & find that he / she has recovered from his / her illness & now fit to resumed his / her duties in Government Service. Also certified that before arriving at this decision, I have examined the original Medical Certificate(s) & Statement (s) of the case (or certified copies thereof) on which leave was granted of extended & have taken into consideration in arriving at my decision.

Dated _____

Place _____

Authorized Medical Attendant