

FORM-4

**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./Kumari 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.

Civil Surgeon/
Authorized Medical Attendant
.....Hospital/Dispensary

FORM-5

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of the Government Servant

I, Civil Surgeon/Staff Surgeon,
Authorized Medical Attendant
Registered Medical Practitioner of do hereby certify that we/I have carefully examined Shri/Smt./Kumari signature is given above, and find that he/she recovered from his illness and is now fit to resume duties in Government Service.

Date:

Civil Surgeon/
Authorized Medical Attendant
.....Hospital/Dispensary