

Form 4

[See Rule 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/Shrimati/Kumari _____ whose signature is given above, is suffering from _____ and I consider that a period of absence from the duty of _____ with effect from ___ is absolutely necessary for the restoration of his/her health.

Authorised Medical Attendant/
Medical Officer

Dated: _____.

Form 5

[See Rule 24 (3)]

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of the Government servant _____

I, _____ Authorized Medical Attendant of _____
Do hereby certify that We/I have carefully examined Shri/Shrimati/Kumari
_____ whose signature is given below, 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 certificates) 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.

Authorised Medical Attendant/
Registered Medical Practitioner

Dated: _____