

Medical Certificate for Government employees recommended for leave, extension of leave or commutation of leave.

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| 1. | Name To be filled by the applicant in presence of the registered Medical Practitioner/Vaid/ Hakim/ Homeopathic Practitioner). | |
| 2. | Appointment | |
| 3. | Age | |
| 4. | Signature of the Applicant | |
| 5. | Total Service | |
| 6. | Previous Period of leave or of absence on Medical Certificate | |
| (Columns 5 and 6 to be filled in by the applicant in the presence of the registered Medical Practitioner/Vaid/Hakim/Homoeopathic Practitioner) | | |
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| <p>I _____ after careful personal examination of the case hereby certify that Sh./Smt. _____ whose signature and particulars are given above, is suffering from _____ and I consider that a period of absence from duty with effect from _____ is absolutely necessary for the restoration of his health.</p> | | |
| Dated the | | Government Medical Attendant OR Medical Practitioner/ Vaid/ Hakim/Homoeopathic Practitioner |
| | (Second medical opinion if called for by the authority competent to sanction leave) | |
| | Principal Medical Officer or Assistant to Civil Surgeon | |