

**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/Smt./Kum. \_\_\_\_\_ whose signature is given above, is suffering from \_\_\_\_\_ and I consider that period of absence from duty of \_\_\_\_\_ with effect from \_\_\_\_\_ is absolutely necessary for the restoration of his / her health.

Place:-----

Date : / /201

Authorized Medical Attendant

\_\_\_\_\_ Hospital/Dispensary  
or other Registered Medical Practitioner

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**FORM : 5**

[See Rule 24 (3)]

***MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY***

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

We, the members of Medical Board,

I \_\_\_\_\_ 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/our decision.

Place:-----

Date : / /201

Members of the Medical Board/  
Civil Surgeon/Staff Surgeon/  
Authorized Medical Attendant/  
Registered Medical Practitioner