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**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 Sri / Smt / Kumari
..... whose signature is given above, is suffering from
..... and I consider that a period of
..... days absence from duty
of..... with effect from
..... to is absolutely
necessary for the restoration of his / her health.

Date :

Government Medical Attendant / A.M.A.

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of the Government Servant.....

We, the members of Medical Board,

I,.....Civil Surgeon / Authorised
Medical Attendant/Registered Medical Practitioner of.....

do hereby certify that we / I have carefully examined Sri / Smt. / Kumari.....
..... whose signature is given above, and find that he /
she has recovered from his / her illness and is now fit to resume duties in Government
service with effect from 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 these into
consideration in arriving at our / My decision.

Date :

Government Medical Attendant / A.M.A.