

**MEDICAL CERTIFICATE FOR LEAVE OR EXTENSION OF COMMUTATION
LEAVE IN RESPECT OF GAZETTED OFFICER**

Signature of the Government Servant _____

I, _____ after careful personal examination of the case hereby certify that Sh./ Smt./ Kumari _____ whose signature is given above is suffering from _____ and I consider that a period of absence from duty of _____ day(s) with effect from _____ is absolutely necessary for the restoration of his/her health.

**Authorized Medical Attendant
_____ Hospital/
Dispensary or other Registered
Medical Practitioner**

Date: _____

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Form-5

MEDICAL CERTIFICATE OF FITNESS FOR RETURN TO DUTY

Signature of the Government Servant _____

I/We, _____ the members of Medical Board/
Civil Surgeon/Staff Surgeon/ Authorized Medical Attendant/ Registered Medical Practitioner
of _____
_____ hereby certify that I/We have carefully examined
Sh/Smt./Kumari _____
whose signature is given above and found that he/she recovered from his/her illness and now
fit to resume duties in Government Service. I/We also certify that before arriving at this
decision, I/We have examined the original medical certificate(s) and statement(s) of the case
(or certified copies thereof) on which leave was granted or extended.

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

Dated: _____