

चिकित्सक का प्रमाण-पत्र

**Medical Certificate for Govt. Servants**

**FORM NO. 3 (SEE RULE 18)**

**RECOMMENDED LEAVE OR EXTENSION OF LEAVE OR COMMUTATION OF LEAVE**

Signature of the Govt. Servant .....

I ..... after careful personal examination of the case hereby certify that  
Shri/Smt./Kumari ..... whose signature is given above,  
is suffering from .....

and I consider that is absolutely necessary for the restoration of his/her health.

Date .....

Authorised Medical Attendant

.....Hospital/Dispensary

Or Reg. Medical Practitioner

**FORM NO. 4 [SEE RULE 23(3)]**

**Medical Certificate for Govt. Servants**

**RECOMMENDED LEAVE OR EXTENSION OF LEAVE OR COMMUTATION OF LEAVE**

Signature of the Govt. Servant .....

I ..... Civil surgeon/Staff Surgeon

Authorised Medical Attendant

.....

Registered Medical Practitioner

Do hereby certify that I have carefully examined Shri/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 Govt.  
service. I also certify that before arriving at this decision, I have examined the original medical certificate and  
statements of the case (or certified copies thereof) on which leave was granted or extended and have taken there  
into consideration in arriving at my decision.

Date .....

Civil surgeon/ Staff surgeon

Authorised Medical attendant

Registered Medical Practitioner