FORM-4

**Medical Certificate for Non-Gazetted Officers recommended Leave or Extension of Leave or Commutation of Leave**

Signature of 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 a period of absence from duty of ……………. with effect from …………… is absolutely necessary for the restoration of his/her health.

###### Date : Authorised Medical Attendant

 **Hospital / Dispensary**

######

#### FORM – 5

#### Medical Certificate of Fitness to return of duty

Signature of Government Servant : ……………………………………………………..

We, the members of Medical Board ……………………………………………………… I …………………………………………….. Civil Surgeon/Authorised Medical Attendent do hereby certify that we/I have carefully examined Sri/Smt/Kum ……………………………………… 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. We/I also certify that before arriving at this decision we/I have examined the original medical certificates 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 our/my decision. He/Her is fit for duty with effect from ……………..

Date :

 **Civil Surgeon/**

 **Authorised Medical Attendant**