

फॉर्म-4 / FORM-4

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

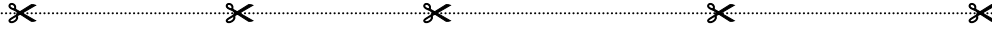
**अराजपत्रित अधिकारियों के लिए चिकित्सा प्रमाण पत्र
अनुशंसित छुट्टी या छुट्टी का विस्तार या छुट्टी का रूपान्तरण**

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

Date :

**Authorised Medical Attendant/Medical Officer/
Hospital / Dispensary**



फॉर्म-5 / FORM – 5

**Medical Certificate of Fitness to return of duty after leave
छुट्टी के बाद ड्यूटी पर लौटने के लिए फिटनेस का मेडिकल सर्टिफिकेट**

Signature of Government Servant :

I/We,.....the members of Medical Board/
Civil Surgeon/Staff Surgeon/Authorised Medical Attendant/Registered Medical Practitioner
of hereby certify that
I/We 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 Govt.
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
our/my decision. He/Her is fit for duty with effect from

Date :

**Members of Medical Board/ Civil Surgeon/
Staff Surgeon/Authorised Medical Attendant/
Registered Medical Practitioner**