

**MEDICAL CERTIFICATE FOR LEAVE OR XTENSION
OF LEAVE OR COMMUTATION OF LEAVE**

Signature of the Government Servant _____

I, _____ after careful personal examination of the case hereby
certify that Shri / Shrinati / Kumari _____

Whose signature is given above, is suffering from _____ and I consider that a
period of absence from duty _____ with effect from _____
is absolutely necessary for the arestoration of his / her health.

Authorised Medical Attendant

Date

..... Hospital

Dispensary or other

Registered Medical Practioner.

Note 1 : The nature and probable duration of the illness be specified.

Note 2 : This form should be adnered to as closely as possible and should be filled in after the signature of the Government servant has been taken. The certifying officer is not at liberty to certify that the Government servant required a change from or to a particular locally, or that he is not fit to proceed to a particular locality. Such certificates he is not fit no proceed to a particulars locality. Such certificates should only be given at the explicit desire of the administrative authority concerned to Whom it is open to decide, when an application on such grounds has been made to him. Whether the applicant should be before a Civil Surgeon or Staff Surgeon to decide the question of his / her fitness for Service/

Note 3 : Should a second medical opinion be required the authority vcompetent to grant leave should arrange for the second medical examination to be made at the earliest possible date by a medical officer not below the rank of a Civil Surgeon or staff Surgeon, who shall express an opinion both as regards the necessity for the amount of leave recommended and for this purpose he may either require the government servant to appear before himself or before a medical

Note 4 : No recommendation contained in this certificate shall be evidence of a claim to any leave not admissible to the Government Servant.