

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

Signature of the Government Servant \_\_\_\_\_

I, \_\_\_\_\_ after careful personal  
examination of the case hereby certify that Shri/Smt/Kum/Dr. \_\_\_\_\_  
\_\_\_\_\_ whose signature is given above is suffering from  
\_\_\_\_\_ and I consider that a period of absence from duty for  
\_\_\_\_\_ days with effect from \_\_\_\_\_ is absolutely necessary for the  
restoration of his/her health.

Authorised Medical Attendant  
Office Seal:

Date:

**MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY**

Signature of the Government Servant \_\_\_\_\_

I have carefully examined Dr/SWhri/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 Government service. I also certify that  
before arriving at this decision, 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 my decision. He/She is fit to resume duty  
from \_\_\_\_\_.

Authorised Medical Attendant  
Office Seal:

Date: