



भारतीय विज्ञान शिक्षा एवं अनुसंधान संस्थान बरहमपुर
Indian Institute of Science Education and Research Berhampur
Established by the Ministry of Education, Govt. of India

Form 3

**Medical Certificate for Non-Gazetted Officer Recommended For Leave of
Extension or Commutation of Leave**
(Govt. of India Finance Department No 173-S. R. Dated 17 March, 1931)

Signature of Applicant

I.....after careful examination of the case
hereby certify thatwhose signature is
given above is suffering fromand is
considered that a period of absence from duty ofwith effect
from.....is absolutely necessary or the restoration of
his healthy.

Date.....

Civil Surgeon/Staff Surgeon/Govt Medical Attendant

Registered Medical Practitioner (No.....)



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Form 4

Medical Certificate of Fitness to return to duty

Signature of Applicant

Civil Surgeon of

I..... Registered Medical Practitioner of do
hereby certify that I have carefully examined
the department.....whose signature is given above
and find that he/she has recovered from his illness and is now fit to resume his
duties in Government 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 there of) on which leave was granted to extended and have taken
these into consideration in arriving at my decision.

Date.....

Civil Surgeon/Staff Surgeon/Govt Medical Attendant

Registered Medical Practitioner (No.....)