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 that .....whose signature is given above is suffering from .....and is considered that a period of absence from duty of .....with effect from.....is absolutely necessary or the restoration of his healthy.

Date.....

Civil Surgeon/Staff Surgeon/Govt Medical Attendant

Registered Medical Practitioner (No.....)

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.....)