

MEDICAL CERTIFICATE FOR LEAVE OR EXTENSION OR COMMUTATION

Signature of the Applicant:.....

I, Dr..... after careful personal examination of the case hereby certify that Thiru/Tmt..... whose signature is given above, working as..... in the office of the is suffering from.....based on clinical Conditions and investigation and I consider that a period of absence from duty with effect from.....to..... for days is absolutely essential for the restoration of his/her health.

Station:

Signature of the Medical Officer.

Date :

.....

CERTIFICATE OF FITNESS TO RETURN DUTY

Signature of the Candidate.....

This is to certify that I, Dr..... after careful examination of Thiru/Tmt./Selvi..... whose signature is given above, working as..... in the office of the and I have to come to the conclusion that he/she was recovered from his/her illness and is noe physically fit to resume his/her duties in Government service with effect from.....

I also certify that before arriving at this decision, I have examined the original Medical certifiectes and statements of the case on which leave was granted or extended and have taken this consideration before arriving at my decision.

Station:

Signature of the Medical Officer,

Date :

Regn. No.