

FORM 4

**Medical Certificate for non-Gazetted Officer
recommended for leave or extension or commutation of leave**

Signature of Government servant (non-Gazetted): _____

WE / I, _____
members of Medical Board / Civil Surgeon / Staff Surgeon / Authorised Medical Attendant /
Registered Medical Practitioner of _____ after careful examination
of the case do hereby certify that _____ whose signature
is given above, is suffering from _____ and
we / I consider that a period of absence from duty of _____ (_____) day/s
with effect from _____ is absolutely necessary for the restoration of his/her health.

Dated, the _____.

Members of the Medical Board/
Civil Surgeon / Staff Surgeon /
Authorised Medical Attendant /
(Seal)

or

Registered Medical Practitioner
(Seal)

Regd. No.: _____ .

FORM 5

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of Government servant (non-Gazetted): _____

WE / I, _____
members of Medical Board / Civil Surgeon / Staff Surgeon / Authorised Medical Attendant /
Registered Medical Practitioner of _____ do hereby certify that
we / I have carefully examined _____ 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 with effect from _____.

We / I, also certify that before arriving at this decision, we / 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 in our / my decision.

Dated, the _____.

Members of the Medical Board/
Civil Surgeon / Staff Surgeon /
Authorised Medical Attendant /
(Seal)

or

Registered Medical Practitioner
(Seal)

Regd. No.: _____ .