

CLASS I / II / III / IV SERVICE

MEDICAL CERTIFICATE FOR LEAVE / EXTENSION OF LEAVE

Signature of applicant _____

1. Dr. _____ after careful personal examination of the case here by certified that Thiru / Thirumathi / Selvi _____
Whose signature is given above is / was suffering from _____
_____ based on clinical condition and investigation done as is given in the reverse and I consider that a period of absence from duty for _____
With effect from _____ is absolutely necessary for the restoration of his / her health.

Station and Address

Date :

CIVIL SURGEON /
AUTHORISED MEDICAL ATTENDANT **OR**
REGISTERED MEDICAL PRACTITIONER
AND REGISTRATION CERTIFICATE No.
DISTRICT MEDICAL OFFICER **OR**
NEAREST GOVERNMENT MEDICAL OFFICER.

MEDICAL HISTORY

The nature and probable duration of illness should be specified)

Clinical condition :
Investigation done :

CIVIL SURGEON /
AUTHORISED MEDICAL ATTENDANT **OR**
REGISTERED MEDICAL PRACTITIONER
AND REGISTRATION CERTIFICATE No.
DISTRICT MEDICAL OFFICER **OR**
NEAREST GOVERNMENT MEDICAL