

Form 4
(See Rule 9)
MEDICAL CERTIFICATE FOR NON-GAZETTED OFFICERS
RECOMMENDED LEAVE OR EXTENSION OF LEAVE OR
COMMUTATION OF LEAVE

Signature of the Government Servant :

I, _____

after careful personal examination of the case, hereby certify that Shri/Smt.
_____ whose
signature is given above, is suffering from
_____ and I consider that
a period of absence from duty of
_____ is absolutely
necessary for the restoration of his/her health.

REGISTERED MEDICAL PRACTITIONER

(_____)

(Seal)