

FORM 4

**MEDICAL CERTIFICATE FOR LEAVE OR EXTENSION OF LEAVE OR
COMMUTATION OF LEAVE**

I, _____ after careful personal examination of the case hereby certify that Sh./Smt. _____ whose signature is attested given below, is suffering from _____ disease and I consider that a period of rest/absence from his/her duty of _____ with effect from _____ to _____ is absolutely necessary for the restoration of his/her health.

Signature of the Government Servant _____

Dated:
Attendant

Authorized Medical

FORM 5

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

I, _____ Authorized Medical Attendant of Project Directorate on Cattle, Meerut do hereby certify that I have carefully examined Sh./Smt. _____ whose signature is attested given below, and find that he/she recovered from his/her illness and is now fit to resume his/her duties in government service from the evening/morning of _____ I