

**MEDICAL CERTIFICATE OF FITNESS TO JOIN DUTY  
AFTER LEAVE**

I, Dr \_\_\_\_\_ do hereby certify that  
I have carefully examined Shri/Smt.  
\_\_\_\_\_ whose signature is given above,  
and find that he/she has recovered from his/her illness and is now fit to  
resume duties in the \_\_\_\_\_ with  
effect from \_\_\_\_\_. I also certify that before arriving at  
this decision, I have examined the original Medical Certificate and state-  
ment of the case on which leave was granted and have taken these in to  
consideration in arriving at my decision.

**Signature of Medical Officer**

\_\_\_\_\_

**Registration No.** \_\_\_\_\_

**Part of Registration**

**System of Medicine**

**Place :**

**Date :**