

**Medical Certificate for Non-Gazetted Officer recommended leave or Extension of  
leave or commutation of leave.**

*Signature of Government Servant*

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

Date.....

*Authorised Medical Attendant*