

**CERTIFICATE OF FITNESS TO RETURN TO DUTY**

Signature of the Candidate .....

This is to certify that We / I ..... the undersigned have examined Thiru / Thirumathi / Selvi ..... whose signature is given above, working as ..... in the office ..... Department and have to come to the Conclusions that he / she has recovered from his / her illness and is now physically fit to the resume his/her duties in Government service with effect from .....

We/I also certify that before arriving at this decision, we/I have examined the original medical certificate and statements of the case (or certified copies thereof) on which leave was granted or extended and have taken these into consideration in arriving at our/my decision.

**STATION**

**DATE**

**STATION :**

**DATE :**

Signature of the Medical or the  
Medical Board

Signature of the District Medical  
Officer/civil Surgeon/ Registered  
Assistant Surgeon