

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

Signature of the Medical or the
Medical Board

STATION :

DATE :

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