

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

Signature of applicant
I Dr after careful personal
examination of the case hereby certify that Thiru/ Selvi / Thirumathi
..... whose signature's is given above is/was suffering from
..... based on clinical condition and investigation done at it given in the
reverse and I consider that a period of absence from duty for with effect
from is absolutely necessary for the restoration of his health.

**Authorized Medical Attendant or
Registered Medical Practitioner and
Registration Certificate No.**

**District Medical Officer or nearest
Government Medical Officer**

STATION AND ADDRESS
DATE:

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 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:

**Signature of Members of
Medical Board**

DATE: 20

STATION: 20

DATE: 20

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