

Medical Certificate

Signature of applicant

Iafter careful personal Examination of the case here by certify and there fore I consider, that a period of absence from duty. with effect from. is absolutely necessary for the restoration of his health.

Place: Signature of Medical Offier/Reg. Medical.Practitioner
Date: Reg.No..... Part of Registration.
System of Medicine

Certificate of Fitness to Return to Duty.

Signature of applicant

I a Registered Medical Practitioner, do hereby certify that I have carefully examined Whose signature is given above and find that he has recovered from his illness and is now fit to resume duties in Government Service, I also certify that before arriving at this decision, I examined the Original Medical Certificate and statement of the case on which leave was granted and have taken these into consideration in arriving at my decision.

Station: Signature of the Registered Medical Practitioner
Date: Reg. NoPart of Registration.
System of Medicine