

**FORM OF CERTIFICATE RECOMMENDED FOR LEAVE OR EXTENSION OR COMMUNICATION
OF LEAVE AND FOR FITNESS**

Signature of patient

Or thumb impression _____

To be filled in by the applicant in the presence of the Government Medical Attendant or Medical Practitioner (with qualifications-MBBS or above)

Identification marks:-

a. _____

b. _____

I, Dr. _____ after careful examination of the case certify hereby that _____ whose signature is given above is suffering from _____ and I consider that a period of absence from duty of _____ with effect from _____ is absolutely necessary for the restoration of his health.

I, Dr. _____ after careful examination of the case certify hereby that _____ on restoration of health is now fit of join service.

Signature of Medical attendant

Registration No. _____

(MBBS or above with Mobile #)

Note:- The nature and probable duration of the illness should also be specified. This certificate must be accompanied by a brief resume of the case giving the nature of the illness, its symptoms, causes and duration.