

MEDICAL CERTIFICATE FOR LEAVE

Signature of the applicant:

I Dr.after careful personal examination of the case hereby
certify that Thiru/Tmt/Selvi.....
.....whose signature given above, is suffering from
..... and I consider that a period of absence from duty of
.....with effect from.....tois absolutely necessary for
the restoration of his / her normal health.

MEDICAL HISTORY

(The Nature and Probable Duration of illness should be specified)

Clinical Condition:

Investigation done:

Station:

Date:

Authorized Medical Attendant

Reg.No..

CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of the applicant:

I.....after Careful personal examination of the case hereby certify that
Thiru/Tmt/Selvi..... whose signature given
above, has recovered from his/ her illness and is now fit to resume his/her duties with effect
from. I also certify that before arriving at this decision I have examined the original certificate
and statement of the case (or certified copies thereof) on which leave was granted or extended
and have taken these into consideration in arriving at my decision.

Station:

Date:

Authorized Medical Attendant

Reg.No.