FORM 3 MEDICAL CERTIFICATE FOR GAZETTED OFFICERS RECOMMENDED LEAVE OR EXTENTION OF LEAVE OR COMMUTATION OF LEAVE

Signature of the Govt. servant
, Dr after careful personal examination
of the case, hereby certify that Sh. /Smt. /Km
whose signature is given above, is suffering from
and I consider that a period of absence from duty of
effect from is absolutely necessary for the restoration of his/her health.
Civil Surgeon/Staff Surgeon Authorized Medical Attendant
Dated