

FORM - 4
(See rule 41)

MEDICAL CERTIFICATE FOR NON-GAZETTED OFFICERS RECOMMENDED
LEAVE OR EXTENSION OF LEAVE OR COMMUTATION OF LEAVE.

Signature of Government Servant _____

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

Date : _____

Authorized Medical Attendant
_____ Hospital / Dispensary or
Other Registered Medical Practitioner.

Note .—

1. The nature and probable duration of the illness should be specified.
2. This form should be adhered to as closely as possible and should be filed in after the signature of the Government servant has been taken. The certifying officer is not at liberty to certify that the Government servant requires a change from or to particular locality, or that he is not fit to proceed to a particular locality. Such certificate should only be given at the explicit desire of the administrative authority concerned, to whom it is open to decided, when an application on such grounds has been made to him, whether the applicant should go before a Civil Surgeon to decided the question of his / her fitness for service.
3. Should a second medical opinion be required, the authority competent to grant leave should arrange for the second medical examination to be made at the earliest possible date by a Medical Officer not below the rank of a Civil Surgeon who shall express in opinion both as regards the fact of the illness and as regards the necessity for the amount of leave recommended and for this purpose he may either require the Government Servant to appear before himself or before a medical officer nominated by himself.
4. No recommendation contained in this certificate shall be evidence of claim to any leave not admissible to Government Servant.

FORM - 5
(See rule 47)

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of Government Servant _____

We, the member of Medical Board, I, _____ Civil Surgeon / Authorised Medical Attendant or Other Registered Medical Practitioner, do hereby certify that, We/I have carefully examined Shri./Smt./Kumari _____

_____ whose signature is given above and find that he / she recovered from his / her illness and is now fit to resume duties in Government service. We /I also certify that before arriving at this decision. We / I examined the original medical certificate(s) and statement(s) 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.

Member of the Medical Board

1. _____
2. _____
3. _____

Date : _____

Authorized Medical attendant
_____ Hospital / Dispensary or
Other Registered Medical Practitioner.

Note.—

The original medical certificate(s) and a statement(s) of that case on which the leave was original granted or extended shall be produce before the authority required to issue the above certificate. For this purpose the original certificate(s) and a statement(s) of the case should be prepared in duplicate, one copy being retained by the Government servant concerned.