

## O.C.S (PENSION) FORM-B

[See Note (3) below Sub-rule (2) of Rule 39]

### (MEDICAL CERTIFICATE FORM FOR INVALID PENSION)

(1) Certified that I/We have carefully examined Shri/Smt. \_\_\_\_\_ Son/Daughter of Shri \_\_\_\_\_ working in the Office/Department \_\_\_\_\_. His/Her Date of Birth as per the Service Book is \_\_\_\_\_. His/Her age (dd/mm/yyyy) by appearance is about \_\_\_\_\_ years. I/We consider Shri/Smt. \_\_\_\_\_ to be completely and permanently incapacitated for further service of any kind in the Department/Office in which he/she is working as a consequence of \_\_\_\_\_ (State the cause or the disease), which is noticed after thorough examination.

(2) Certified that I am/We are of the opinion that Sri/Smt. \_\_\_\_\_ is fit for further service of a less laborious character than that is performed by him/her presently and may after resting for \_\_\_\_\_ months be fit for further service of less laborious character than that is being performed now.

**Medical Authority with Seal and Signature**

Place:-

Date:-

**N.B.:-** If the incapacity does not appear to be complete and permanent the certificate should be modified accordingly and certificate should be issued by striking out which one is not applicable.