

FORM 3
(See Rule - 19)

**MEDICAL CERTIFICATE FOR LEAVE OR EXTENSION OF
LEAVE OR COMMUTATION OF LEAVE IN RESPECT OF
GAZETTED OFFICERS**

Signature of the *Government servant*

I _____ after careful
personal examination of the case hereby certify that
Shri. / Smt. / Kumari.

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 / her health.

Dated:

Authorised Medical Attendant/
Hospital Dispensary /
Registered Medical Practitioner

FORM 4
(See Rule - 19)

**MEDICAL CERTIFICATE FOR LEAVE OR EXTENSION OF
LEAVE OR COMMUTATION OF LEAVE IN RESPECT OF NON -
GAZETTED OFFICERS**

Signature of the Government servant

I _____ after careful
personal examination of the case hereby certify that
Shri. / Smt. / Kumari.

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 / her health.

Dated:

Authorised Medical Attendant/
Hospital Dispensary /
Registered Medical Practitioner