

MEDICAL CERTIFICATE

Signature of Applicant.....

I, Dr..... after careful personal examination of the case hereby certify that Dr/Shri/Smt./Ms..... (Name & designation of the applicant) of the Office of the whose signature is given above is suffering from..... and, therefore, I consider, that a period of absence from duty from:..... towith effect from.....is absolutely necessary for the restoration of his/her health.

PLACE:

Signature of Medical Officer/Civil Surgeon/
Authorized Medical Attendant along with
Official seal.

DATE:

Registration No.....

.....

FITNESS CERTIFICATE

Signature of Applicant.....

I, Dr..... do hereby certify that I had carefully examined Dr/Shri/Smt./Ms..... (Name & designation of the applicant) of the Office of the whose signature is given above, and find that he/she has recovered from his/her illness and is now fit to resume duties in Government service.

PLACE:

Signature of Medical Officer/Civil Surgeon/
Authorized Medical Attendant along with
Official seal.