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MEDICAL CERTIFICATE

Signature of Govt. servant _____ I Dr.

_____ after careful personal examination of the case
hereby certify that Shri _____ (whose signature is given above)
is suffering from _____ and I consider that a period of
absence from duty of _____ days is absolutely necessary for restoration of his health
w.e.f. _____ to _____

Place:

Dated:

Signature of Govt. Attendant or other
Regd./ Med. Practitioner

FITNESS CERTIFICATE

Signature of Govt. servant _____ I hereby certify

that I have carefully examined Shri _____ whose signature is given above and
found that he/she has recovered from his/her illness and is now fit to resume duties in Govt. service. I also
certify that before arriving at this decision I have examined original and certificate (A) and statement (s) of
the case of certified copies thereof on which leave was granted or extended and taken this into
consideration in arriving at my decision.

Dated:

Signature of the AMA/RMP