

Medical Certificate for Government employees recommended for leave, extension of leave or commutation of leave.

1.	Name To be filled by the applicant in presence of the registered Medical Practitioner/Vaid/ Hakim/ Homeopathic Practitioner).	
2.	Appointment	
3.	Age	
4.	Signature of the Applicant	
5.	Total Service	
6.	Previous Period of leave or of absence on Medical Certificate	

(Columns 5 and 6 to be filled in by the applicant in the presence of the registered Medical Practitioner/Vaid/Hakim/Homoeopathic Practitioner)

<p>I _____ after careful personal examination of the case hereby certify that Sh./Smt. _____ whose signature and particulars are given above, is suffering from _____ and I consider that a period of absence from duty with effect from _____ is absolutely necessary for the restoration of his health.</p>		

Dated the	<p>Government Medical Attendant OR Medical Practitioner/ Vaid/ Hakim/Homoeopathic Practitioner</p>
	(Second medical opinion if called for by the authority competent to sanction leave)
	Principal Medical Officer or Assistant to Civil Surgeon