

**FORM No.3**

( See Rule 17 )

**MEDICAL CERTIFICATE FOR GOVERNMENT SERVANTS  
RECOMMENDED LEAVE OR EXTENSION OF LEAVE  
OR COMMUTATION OF LEAVE**

I, ..... Signature of the Government servant .....  
..... after careful personal examination of the case  
hereby certify that Shri/Shrimati/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.

Authorised Medical Attendant,  
Hospital/Dispensary  
or other Registered Medical  
Practitioner.

Dated.....

**FORM 4**

[See Rule 23(3)]

**MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY**

I, ..... Signature of Government servant.....

Civil Surgeon/Staff Surgeon  
Authorized Medical Attendant of  
Registered Medical Practitioner.

Do hereby certify that I have carefully examined Shri/Shrimati/Kumari  
..... 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. I also certify that before arriving at this decision, I have examined the  
original medical certificate (s) and statement (s) of the case ( or certified copies  
thereof) on which leave was granted or extended and have taken these into  
consideration in arriving at my decision.

Civil Surgeon/Staff Surgeon  
Authorised Medical Attendant of  
Registered Medical Practitioner.