

FORM - 4

QSP/ESICHP/F-33

[See Rule 19]

ISO 9001 : 2015 CERTIFIED

MEDICAL CERTIFICATE FOR LEAVE OR EXTENSION OF LEAVE OR COMMUTATION OF LEAVE

Signature of the Government Servant.....

I.....after careful personal
examination of the case hereby certify that Shri./Smt./Kum.....whose
signature is given above is suffering from.....and
I consider that a period of absence from duty ofdays with effect
from.....is absolutely necessary for the restoration of his/her health.

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

Place :

Date : / / 201

FORM - 5

(See Rule 24[3])

ISO 9001 : 2015 CERTIFIED

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of the Government Servant.....

We, the members of Medical Board,

I.....Civil Surgeon/Staff Surgeon, AMA/RMP do here by certify that We/I
have carefully examined Shri./Smt./Kum.....
whose signature is given above, and find that he/she has recovered from illness is now fit to resume duties
on in Government service. I also certify that before arriving at this decision, I have
examined the original medical certificates(s) and statement(s) of the case (or certified copies there of) on which
leave was granted or extended and have taken these into consideration in arriving at my decision.

Place:

Date : / / 201

Members of the Medical Board /
Civil Surgeon/Staff Surgeon/
Authorized Medical Attendant/
Registered Medical Practitioner