

**FORM 4  
(SEE RULE 19)**

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

Signature of the Government servant: \_\_\_\_\_

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

Authorised Medical Attendant  
Medical Officer

Date: \_\_\_\_\_

**FORM 5**

**(See Rule 24(3))**

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

Signature of the Government servant: \_\_\_\_\_

I \_\_\_\_\_ Authorized Medical Attendant of \_\_\_\_\_ Do hereby certify that We/I of have carefully examined Shri/Smt/Kum \_\_\_\_\_ whose signature is given above, and find that he/she recovered from his/her illness and is now fit to resume duties in Government service. We/I also certify that before arriving at this decision we/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 our/my decision.

Authorised Medical Attendant,  
Registered Medical Practitioner

Date:.....