

MEDICAL CERTIFICATE

signature of the applicant.....

I, Dr.....after careful personal examination of the case hereby certify that sri/smt/kum.....
s/o,w/o,D/o.....,occupation.....,
in.....school/office,..... Village,
.....Mandal,.....District.
whose signature is given above, is suffering from.....
that I consider that a period of absence from duty with effect from.....
to..... Is absolutely necessary for the restoration of his/her health.

Station :

MEDICAL OFFICER

Date :

CERTIFICATE OF MEDICAL FITNESS

signature of the applicant.....

I, Dr. do hereby certify that I have carefully examined sri/smt/kum.....s/o,w/o,/D/o,
.....,occupation.....,
in.....school/office,.....village,
.....Mandal,.....District
who was suffering from
With effect from.....to.....and 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 with effect from.....
I also certify that before arriving this Decision I have examined the original medical certificates and statement (s) of the case or certified Copies thereof)on which leave was granted or extending,and have take in These consideration in arriving at my decision.

Station :

MEDICAL OFFICER

Date :