

**FORM 4 [See Rules 19]**

**MEDICAL CERTIFICATE FOR NON-GAZETTED OFFICERS RECOMMENDED 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/Km \_\_\_\_\_ 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.

Authorized Medical Attendant

Dated :

\_\_\_\_\_  
Hospital/Dispensary or other Registered  
Medical Practitioner

**FORM 5 [See Rules 24(3)]**

**MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY OF NON-GAZETTED  
OFFICER**

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

We, the members of Medical Board :

I, \_\_\_\_\_ Authorized Medical Attendant/Registered Medical Practitioner of \_\_\_\_\_ do hereby certify that we/I have carefully examined Shri/Smt/Km \_\_\_\_\_ 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 statements(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.

Members of the Medical Board

(1) \_\_\_\_\_

(2) \_\_\_\_\_

Dated:

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