Signature of Applicant

**Medical certificate for non-gazetted officer/official recommended for**

**leave or extension or Commutation of leave**

**(Govt. of India, Finance Department No.173 S.R. dated 16th March, 1931)**

I Doctor Name after careful examination of the case hereby certify that Patient Name whose signature is given above is suffering from Diagnosis and I consider that a period of absence from duty of duration with effect from FromDate is absolutely necessary for restoration of this health

Dated: Dated

Government Medical Attendant

Or Registered Practitioner (No. )