**FORM – 3**

**MEDICAL CERTIFICATE FOR LEAVE**

Signature of the Government Servant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ after careful personal examination of the case

here by certify that Shri \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 the health.

**Date.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorised Medical Attendant**