

FORM 4

[See Rule 23 (3)]

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of Government servant *[Signature]*

I, *Dr. R. S. Patel*

Civil Surgeon/Staff Surgeon
Authorised Medical Attendant of

.....
Registered Medical Practitioner.

Do hereby certify that I have carefully examined Shri/Shrimati/
Kumari *Ramesh* 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. I also certify that before arriving at this decision,
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 my decision.

DR. R. S. PRASAD
MD. (Medicine)

Civil Surgeon/Staff Surgeon
Authorised Medical Attendant
Registered Medical Practitioner.

Dated *01/03/17*