


FORM:3

**MEDICAL CERTIFICATE FOR LEAVE GAZETTED OFFICER RECOMMENDED
LEAVE OR EXTENSION OF LEAVE OR COMMUTATION OF LEAVE**

Signature of the Government servant



 I Dr. S. K. Jain after careful personal examination of the case hereby certify that
Shri/Smt./Kumari Mr. H. M. Bhatnagar whose signature is given above as suffering from
..... and I consider that period of absence from duty of 31/2/2017 with
effect from 12 days is absolutely necessary for the restoration of his / her health.



Authorised Medical Attendant

.....Hospital/
Dispensary of other Registered
Medical Practitioner .

Dr. Sachin Kumar Jain
Consultant Neuro Physician
Reg. No. MP-11737

Dated: 7/2/2017 .