

**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. Batham 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

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

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

Dated: 7/2/2017 .