

FORM - 3  
(Sec rule -17)

MEDICAL CERTIFICATE FOR GOVT. SERVANT  
RECOMMENDED LEAVE OR EXTNSION OF LEAVE OR  
COMMUTATION OF LEAVE

Signature of Government Servant.....

D. N. K. Kharsa

Printan

..... after Careful

personal Examination of the case here by certify that Shri/Shrimati/Kumari

Sadhana Keshwari

..... whose Signature is given above is

suffering from Hypertension & Giddiness and I consider that a

Period of absence from duty of Four days with effect from

31/1/2017

..... is absolutely necessary for the restoration of  
his/her health.

Date .....

31/1/2017

Kharsa

Authorised Medical Attendant,

..... Hospital/Dispensary or  
Other Registered Medical Practitioner

रेडियोलॉजिस्ट  
शासकीय आई.जी.एन. भोपाल