

MEDICAL CERTIFICATE FOR RECOMMENDED LEAVE EXTENSION OF LEAVE OR COMMUTATION OF LEAVE

Signature of the Patient.....

Dr. Mahesh Chandra..... after careful personal examination of the
case hereby certify that patient Shri/Shrimati/Kumari Anil Singh Bhadoria
whose signature is given above, is suffering from Acute Pharyngitis
and I consider that a period of absence for 3 days
with effect from 3/5/16 is absolutely necessary for the restoration of his/her health.

Date 3/5/16

[Signature]
Authorised Medical Attendant
Hospital/Dispensary
or other Registered Medical Practitioner

MEDICAL CERTIFICATE OF FITNESS TO RETURN

Signature of Applicant.....

I, Dr. Mahesh Chandra..... Civil Surgeon/Staff Surgeon/Authorised
Medical Attendant/Registered Medical Practitioner do hereby certify that I have
carefully examined patient Shri/Shrimati/Kumari Anil Kumar Bhadoria
(whose signature is given above) and find that he/she has recovered from his/her illness and is now fit. 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.

Date 4/5/16

[Signature]
Civil Surgeon/Staff Surgeon/
Authorised Medical Attendant
Registered Medical Practitioner

Note— The Original Medical Certificate(s) and statements(s) of the case on which the leave was originally granted or extended
shall be produced before the authority required to issue the above certificate. For this purpose, the original certificate(s) and
statement(s) of the case should be prepared in duplicate, one copy being retained to the Government Servant concerned.