FORM No. 3 (See Rule 27)

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

I De Product Prolls, after careful	l personal examination of the case,
hereby certify that Shri/Smt./Ku. Massarst	whose
signature is given above, is suffering from Vird Fere	and I consider that a
period of absence from duty of with effect from	m 1.8.16 is is
absolutely necessary for the restoration of his/her health.	Authorised Medical Attendant Hospital/Disy.
	Authorised Medical Attendant
	or other Registered Medical Practitioner.
GCDD 1110 CLCC cocc	

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

	Signature of Government Servant
I, Dr. Pra	Act Ball., Civil Surgeon/Staff Surgeon/Authorised Medical /Registered Medical Practitioner, do hereby
certify that I have careful whose signature is given	above, and find that he/she has recovered from his/her illness and is now
examined the original	devernment service. I also certify that before arriving at this decision I have medical certificate (s) and statement (s) of the case (or certified copies thereof) attended or extended and have taken these into consideration in arriving at my
decision.	00

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

GCPB-1110-CMO-3-9-90-20,000.

प्रती. प्रमुख क्रिया निर्मात निर्मात । प्रतीय निर्माण निर्माण

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