

FORM No. 3

(See Rule 27)

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

Signature of the Government Servant

[Signature]

I For Sandeep Singh, after careful personal examination of the case,
hereby certify that Shri/Smt./Ku. Mr. Sunayprakash Dubey whose
signature is given above, is suffering from Jandice Septicemia and I consider that a
period of absence from duty of Three days with effect from 30/11/16 is
absolutely necessary for the restoration of his/her health.

Authorised Medical Attendant
..... Hospital/Disy.
or other Registered Medical
Practitioner.

[Signature]
DR. SANDEEP SINGH
Reg No. 14788/MSBBS, MD
SIDDHANT JOSHI
DK-3, Plot No. 14, B-1, B-2
Kolar Road, Bhadrachalam

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