

FORM NO.4

(See Rule 23 (3))

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of Government Servant *[Signature]*

I *Dr. Manya Kushwah* Civil Surgeon / Staff Surgeon
Authorized Medical Attendant
Registered Medical Practitioner

Do here by certify that i have carefully examined *Smt. A.K.*
Ms. Hanks. Milchandan. H.O. Whose signature is given above
and find that he/she has recovered from his/her illness and is not fit to resume
duties in Government Service. I also certify that before arriving at this decision,
I have examined the original medical certificate (s) and Statements (s) of the
case (or certified copies thereof) of which leave was granted or extended and
have taken these into consideration in arriving at my decision.

Dated :- *3/2/17*

[Signature]
Civil Surgeon / Staff Surgeon
Authorized Medical Attendant
Registered Medical Practitioner
C.H. Bauragab