

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 .....

I Dr. Sunder Singh .....

hereby certify that Shri/Smt./Ku. Mr. Janta Prakash ..... whose  
signature is given above, is suffering from Cirrhosis Abdominis and I consider that a  
period of absence from duty of four days with effect from 06/12/16 is  
absolutely necessary for the restoration of his/her health.

06/12/16

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

Authorised Medical Attendant  
Dr. SANDEEP SINGH ..... Hospital/Disy.  
Reg. No. 14184 or other Registered Medical  
SIDDHANTA HOSPITAL  
DK-3, Plot No. 14-15, Danish Kunj  
Kolar Road, Bhopal - 462042  
Practitioner.