

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 Dr. R.S. Prasad., after careful personal examination of the case, hereby certify that Shri/Smt./Ku. Ram Prakash Gupta whose signature is given above, is suffering from Abrasion Lt knee and I consider that a period of absence from duty of nearly fifteen days with effect from 13/2/17 is absolutely necessary for the restoration of his/her health.

13/2/17 AP

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

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

Dr. R. S. PRASAD  
MD (Medicine)  
Reg. No 1425