

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

Signature of the Government Servant .....

I Dr. Ashish Jain ....., after careful personal examination of the case, hereby certify that Shri/Smt./Mr. Mr. S. S. Sharma whose signature is given above, is suffering from Fever and I consider that a period of absence from duty of 4 days with effect from 23/09/16 is absolutely necessary for the restoration of his/her health.

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

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

VARDAN CLINIC  
Reg. No. 15739  
A-591, New Ashoka Garden  
Bhopal (M.P.)

**MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY**

Signature of Government Servant .....

I Dr. Ashish Jain ....., Civil Surgeon/Staff Surgeon/Authorised Medical Attendant of Homoopathy /Registered Medical Practitioner, ....., do hereby certify that I have carefully examined Shri/Smt./Mr. Mr. S. S. Sharma whose signature is given above, and find that he/she has recovered from his/her illness and is now 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 statement(s) of the case (or certified copies thereof) on which leave was granted or extended and have taken these into consideration in arriving at my decision.

26/09/16

Dr. Ashish Jain, BHMS  
Civil Surgeon/Staff Surgeon/  
Authorised Medical Attendant  
Registered Medical Practitioner.  
Reg. No. 15739  
VARDAN CLINIC  
A-591, New Ashoka Garden  
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