

FORM 4

[See rule 23(3)]

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of Government servant

I, Dr. R. K. Dixit

Civil Surgeon/Staff Surgeon
Authorised Medical Attendant of

.....
Registered medical Practitioner.

Do hereby certify that I have carefully examined Shri/Shrimati/Kumari
JANKI DINYANI 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.

leave extended on 2 days
from 24.10.16
to 26.10.16

Civil Surgeon/Staff Surgeon
Authorised Medical Attendant of

.....
Registered medical Practitioner.

डिप्टी सी. के. दीक्षित
एम.डी. (मेडिसिन)
डिप्लोमा टी.पी. एवं चेस्ट डिस्पेंजर
क्षय रोग मेडिकल विशेषज्ञ
शा.जे.एन्.एच., गैस राहत, भोपाल