FORM-4

रोग से मुक्त होने पर ड्यूटी पर वापिस जाने के लिए डॉक्टरी प्रमाण पत्र Medical Certificate of Fitness to return to duty

आवेदक के हस्ताक्षर	414			
आवंदक के हस्ताक्षर Signature of Appli	cant :			
đ		. का सिविल सर्जन	/ पंजीकृत डॉक्टर	(
) यह प्रमाणित करता	हैं कि मैंने		विभाग के
श्री की जिनके हस्ताक्षर कप				
				धार पर छुट्टी मंजूर की गई
थी अथवा बढ़ाई गई थी तथा				
Dr. A 7	Cal CI	IL SURGEO	NOF	ledical Practitioner of
IN Amit	sim le	1	Registered M	edical Practitioner of
do hereby certify that I the department	have carefully ex	amined 17 190010	ionature is given above	ve and find that he has
recovered from his illi	ness and is now f	it to resume his dutie	es in Government serv	vice I also certify that
before arriving at this o	lecision I have ex	amined the original N	fedical certificate and	statements of the case
for certified copies the			d to extended and h	eve taken these into
consideration in arrivir	ig at my decision.		A	सरकारी चिकित्सक
तारीख , ,			अथवा अन्य पंडीकृ	त व्यवसायिक चिकित्सक
Dated : 19 11 16	•		Civil Surgeon/Staff Surgeon	n/Gowle Medical Attendent
			Registered Methical Proc	THOOP OF COLOR HONGEN
			HO	SPINAP-600