

FORM - 3

वेदक के हस्ताक्षर
Signature of Applicant

अराजपत्रित कर्मचारियों की छुट्टी देने अथवा छुट्टी बढ़ाने अथवा छुट्टी परिवर्तन करने
सम्बन्धी सिफारिश करने वाला डाक्टरों प्रमाण पत्र

Medical certificate for non gazetted officer recommended for leave or
extension or commutation of leave

(भारत सरकार वित्त विभाग संख्या 173-एस आर तारीख 17 मार्च 1931)

(Govt. of India, Finance Deptt. No. 173-S.R. Dated 17 March, 1931)

मैं डॉ. उमर सी शर्मा व्यक्तिगत रूप से साधनी पूर्वक इस मामले की जांच करने
के बाद प्रमाणित करता हूँ कि जिस कर्मचारी के हस्ताक्षर ऊपर दिए गए हैं वह श्री मती खान जी पंचोली
नामक रोग से ग्रस्त है और मैं समझता हूँ कि स्वास्थ्य लाभ के लिये तीन दिन तारीख से 26-11-15
दिनों की अवधि तक छुट्टी पर न जाना उनके लिए नितांत आवश्यक है।

I after careful examination of the case
hereby certify that whose signature is given above is suffering
from Cough & Cold and is considered that a period of absence
from duty of with effect from
absolutely necessary or the restoration of his health.

तारीख 26-11-15
Dated

R.C. Sharma is
सरकारी चिकित्सा
अथवा अन्य पंजीकृत व्यवसायिक चिकित्सक
Govt. Medical Attendant
or
Registered Practitioner (No.)

9. Date of return from last leave and the
nature and Period of that leave

10. Leave address, if granted

Same

I undertake to refund the difference between the leave salary drawn during leave on average pay/
commuted leave and that admissible during leave on half average pay/half pay leave, which would not
have been admissible had the provisc to F.R. 81(b) (ii)/M.B.F.R. 79(c)/ Rule 11(c) of the Revised
Leave Rules 1933/Rule 14(c) of Madhya Pradesh Revised Leave Rules, 1934/Rule 983(c) of the
Rajasthan Service Rules, not been applied in the event of my retirement from service at the end or
during the currency of the leave.

Date200

Signature
&
Designation

Ranchel
27-11-15
Csmt Ravi Ranchel
Under Secy.

12. Remarks and / or recommendation
of the Controlling Officer.

Date200

Signature
&
Designation

13. Report of the Audit Officer.

Date200

Signature
&
Designation