



INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI
INSTITUTE HOSPITAL

Medical certificate for leave/Extension/Commutation of Leave

Signature of the IIT staff (in full).....

I, Dr....., Chief Medical Officer/ Sr. Medical Officer in Indian Institute of Technology, Guwahati after careful personal examination of the _____ case, _____ hereby _____ certify _____ that Dr./Mr./Ms./.....whose signature is given above is suffering from and I consider that a period of absence from duty for _____ days with effect from _____ is absolutely necessary for the restoration of his/her health.

Chief Medical Officer/ Sr. Medical Officer

Date: _____

Note: 1 The nature and probable duration of the illness should be specified.

Note: 2 This form should be adhered to as closely as possible and should be filled in after full signature of the IIT staff has been obtained. The certifying officer is not at liberty to certify that the IIT staff requires a change from or to a particular locality or that he is not fit to proceed to a locality. Such certify should only be given at the explicit desire of the administrative authority concerned, to whom it is open to decide, when an application on such grounds has been made to him, whether the applicant should go before a civil surgeon or staff Surgeon to decide the question of his fitness for service.

Note: 3 Should a second medical opinion be required, the Authority competent to grant leave should arrange for the second medical examination to be made at the earliest possible date by a medical officer not below the rank of a civil surgeon or staff Surgeon, who shall express an opinion both as regards the facts of illness and as regards the necessity for the amount of leave recommended and for this purpose he may either require the IIT-staff to appear before himself or before a medical officer nominated by himself.

Note: 4 No recommendation contained in this certificate shall be evidence of a claim to any leave not admissible to the IIT staff.