

**FORM 4**

**Medical Certificate for non-Gazetted Officer  
recommended for leave or extension or commutation of leave**

Signature of Government servant (non-Gazetted): \_\_\_\_\_

WE / I, \_\_\_\_\_  
members of Medical Board / Civil Surgeon / Staff Surgeon / Authorised Medical Attendant /  
Registered Medical Practitioner of \_\_\_\_\_ after careful examination  
of the case do hereby certify that \_\_\_\_\_ whose signature  
is given above, is suffering from \_\_\_\_\_ and  
we / I consider that a period of absence from duty of \_\_\_\_\_ ( \_\_\_\_\_ ) day/s  
with effect from \_\_\_\_\_ is absolutely necessary for the restoration of his/her health.

Dated, the \_\_\_\_\_.

\_\_\_\_\_  
Members of the Medical Board/  
Civil Surgeon / Staff Surgeon /  
Authorised Medical Attendant /  
(Seal)

or

\_\_\_\_\_  
Registered Medical Practitioner  
(Seal)

Regd. No.: \_\_\_\_\_ .

**FORM 5**  
**MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY**

Signature of Government servant (non-Gazetted): \_\_\_\_\_

WE / I, \_\_\_\_\_  
members of Medical Board / Civil Surgeon / Staff Surgeon / Authorised Medical Attendant /  
Registered Medical Practitioner of \_\_\_\_\_ do hereby certify that  
we / I have carefully examined \_\_\_\_\_ 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 with effect from \_\_\_\_\_.

We / I, also certify that before arriving at this decision, we / 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 in our / my decision.

Dated, the \_\_\_\_\_.

\_\_\_\_\_  
Members of the Medical Board/  
Civil Surgeon / Staff Surgeon /  
Authorised Medical Attendant /  
(Seal)

or

\_\_\_\_\_  
Registered Medical Practitioner  
(Seal)

Regd. No.: \_\_\_\_\_ .