

CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of the Applicant :

I a Registered Medical Practitioner do hereby
Certify that I have carefully examined.....of
theDepart-
ment whose signature is given above and find that he has recovered from his illness and is now fit
to resume duties in Government service with effect from

. 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 there of) on which leave was granted or extended
and have taken these into consideration in arriving at my decision.

Station :

Date :

Signature of the Medical Officer and
Registration Certificate No.