

MEDICAL CERTIFICATE FOR LEAVE OR EXTENSION OF COMMUTATION OF LEAVE

Signature of the Government Servant

I,.....after careful personal examination of the case hereby certify that Shri / Smt. / Kumari

Whose signature is given above, is suffering from
.....and 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.

Authorised Medical Attendant
.....Hospital/
Dispensary or other Registered
Medical Practitioner.

Dated.....

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MEDICAL CERTIFICATE OF FITNESS FOR RETURN TO DUTY

Signature of the Government Servant.....

I / We.....member of Medical Board / Civil Surgeon / Staff Surgeon / Authorised Medical Attendant / Registered Medical Practitioner of

.....Hereby certify that I / We have carefully examined Shri / Smt. / Kumari

Whose signature is given above and found that he / she has recovered from his / her illness and now fit to resume duties in Government service. I / We also certify that before arriving at this decision, I / we have examined the original medical certificate(s) and statement(s) of the case (or certified copies thereof) on which leave was granted or extended.

Members of the Medical Board / Civil Surgeon / Staff Surgeon / Authorised Medical Attendant / Registered Medical Practitioner

Dated.....