

FORM – 4
(See Rule-19)

**Medical Certificate for Non-Gazetted Officer recommended leave or Extension of
leave or commutation of leave.**

Signature of Government Servant

..... after careful personal examination of the case hereby
certify that Shri / Smti / Kumari.....
whose signature is given above is suffering from.....and I
consider that a period of absence from duty of
days with effect from.....is absolutely necessary for the
restoration of his / her health.

Date.....

Authorised Medical Attendant