Medical Certificate

Signature of applicant.....

I, (Name).....

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

Signature of Medical Officer

Place..... Name

Date ..... Registration No

Part of Registration
(Seal) System of medicine

Fitness Certificate

Signature of applicant.....

I.....do hereby

certify that I have carefully examined.....whose
Signature is given above, and the he/she has recovered from his/her illness and is now fit, to resume duties in Government Service. I also certify that before arriving at this decision I have examined the original Medical Certificate and statement of the case on which leave was granted or extended and have taken these into consideration in arriving at my decision.

Place : Signature of Medical Officer
Date : 'A' Class Medical Practitioner

Reg : No.