FORM 3

[See rule 19]

Medical Certificate for grant of leave or extension of leave or Commutation of leave.

.

Signature of Government servant _____

I _____Civil Surgeon/Medical Officer/District

Medical Officer/Authorized Medical Attendant carefully examined Shri/Shrimati/Kumari

_____whose signature is given above, suffering from

_____ and I consider that a Period of absence from duty_____ with effect

from _____ is absolutely necessary for the restoration of his/

her health.

Medical Superintendent/Authorized

Medical Attendant/Medical Officer/

Civil Surgeon/D.M. O _____

Hospital/Dispensary.

Date _____

Note1 :- The nature and probable duration of the illness should be specified.

Note2 :- This Form should be filled in after the signature of the Government servant has been taken. The certifying officer is not at liberty to certify that the Government servant requires a change from or to a particular locality, or that he is not fit to proceed to a particular locality. Such certificate should only be given at the explicit desire o f the administrative authority concerned to, whom it is open to decide when an application on such grounds has been made to him, whether the applicant should go before a MedicalSuperintendente/Civil Surgeon/District Medical Officer to decide the question of his/her fitness for service.

Note 3.-should a second medical opinion be required, the authority Competent to grant leave should arrange for the second medical Examination to be made at the earliest possible at by a medical officer not below the rank of a Medical superintendent/civil Surgeon who shall express an opinion both as regards the facts of the illness and as regards the necessity for the amount of leave recommended and for this purpose he may either require the Government servant to appear before himself or before a Medical Officer nominated by him.

Note 4 .-No recommendation obtained in this certificate shall be evidence of a claim to any leave not admissible to the Government servant.