

**FORM 4**  
[See rule 24 (iii) ]

**Medical Certificate of Fitness to return to duty.**

Signature of Government servant \_\_\_\_\_

I \_\_\_\_\_ Civil Surgeon/Medical Officer/District

Medical Officer/Authorized Medical Attendant do hereby certify that I have carefully examined Shri/Shrimati/Kumari whose signature is given above, and find that 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( s) and statement(so) f the case or certified copies( thereof)o n which leave was granted or extended and have taken these into consideration in arriving at my decision.

Civil Surgeon/Authorized Medical  
Attendant/Medical Officer District  
Medical Officer.

Date \_\_\_\_\_

Note :- The original medical certificate(s) and statements(s) of the case on which the leave was originally granted or extended shall be produced before the authority required to issue the above certificate. For this purpose, the original certificate(s) and copy being retained by the Government servant concerned.