

MEDICAL CERTIFICATE

Signature of the patient.....

I, Dr..... a registered medical practitioner, after careful personal examination of the case do hereby certify that I have carefully examined Shri/Smt/Kum..... of Defence Accounts Department whose signature is given above, is suffering from and I consider that a period of absence from duty of days/weeks is absolutely necessary for the restoration of his/her health with effect from.....

Signature of the Medical Officer

Place:

Registration No:

Date:

Seal:

.....

MEDICAL FITNESS CERTIFICATE

Signature of the patient.....

I, Dr..... a registered medical practitioner, do hereby certify that I have carefully examined Shri/Smt/Kum..... of Defence Accounts Department whose signature is given above and find that he/she has recovered from his/her illness and now fit to resume duties with effect from in government service and also certify that before arriving at this decision, I have examined the Original Medical Certificates and statements of the case (or certified copies thereof) on which leave was granted or extended and have taken those into consideration in arriving at my decision.

Signature of the Medical Officer

Place:

Registration No:

Date:

Seal:

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