

APPENDIX – 2

**FORM OF CERTIFICATE RECOMMENDED
FOR LEAVE OR EXTENSION OR COMMUNICATION
OF LEAVE AND FOR FITNESS**

Signature of patient
or thumb impression _____

To be filled in by the applicant in the presence of the Government Medical
Attendant, or Medical Practitioner

Identification marks: _____

I, Dr. _____ after careful examination of
the case certify hereby that _____ whose signature is given above is
suffering from _____ and I consider that a period of absence from
duty of _____ with effect from _____ is
absolutely necessary for the restoration of his health.

I, Dr. _____ after careful examination of the case certify
hereby that _____ on restoration of health is now fit to join
service.

Place _____

Signature of Medical attendant.

Date _____

Registration No. _____

(Medical Council of India / State Medical Council of State)

Note:- The nature and probable duration of the illness should also be specified.
This certificate must be accompanied by a brief resume of the case giving the
nature of the illness, its symptoms, causes and duration.