

**MEDICAL CERTIFICATE FOR LEAVE OR EXTENSION OF LEAVE
OR COMMUTATION OF LEAVE**

Signature of the Govt.Servant:

I, after careful personal examination of the case hereby that Shri/Shrimati/Kumari/Dr.....
..... whose signature is given above, is suffering from.....
and I consider that a period of absence from duty of (No. of days)
..... with effect from
is absolutely necessary for the restoration of his/her health.

Authorized Medical Attendant

Name:

Date:

Designation:

Seal: