

Central Power Research Institute

MEDICAL CERTIFICATE for employees recommended Leave or extension of leave or computation of leave

Signature of the Employee :

I, Dr.....after careful personal examination of the case, hereby certify that Shri/Smt/Kum.....whose signature is given above, is suffering from and I consider that a period of absence from duty of^{days} with effect fromis absolutely necessary for the restoration of his/her health.

Date:.....

Signature with seal of the Authorised Medical Attendant Hospital/Dispensary or other Registered Medical Practitioner.

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of the Employee:

I, Dr..... Authorised Medical Attendant of do hereby certify that I have examined carefully Shri/Smt/Kum.....whose signature is given above and find that he/she has recovered from illness and is now fit to resume duty with effect from I also certify that before arriving at this decision, I have examined the original Medical Certificate(s) and statements of the case (or Certified copies thereof) on which leave was granted or extended and have taken these into consideration in arriving at my decision.

Date:

Signature with seal of the Authorised Medical Attendants