MEDICAL CERTIFICATE

| Signature of App | incant |
|---|--|
| of the case hereb & designation of given above is s consider, that a p | after careful personal examination by certify that Dr. /Shri /Smt. /Ms |
| Place: | Signature of Government Medical Officer /Civil Surgeon / |
| | Staff Surgeon/Authorized Medical Attendant/Registered |
| | Medical Practitioner along with official seal |
| Date: | Registration No. |
| Signature of App | licant |
| carefully examine (name & design | do hereby certify that I had ed Dr./Shri/Smt./Ms |
| is now fit to result decision, I have certified copies the | me duties in Government service. I also certify that before arriving at this examined the original medical certificate and statement of the case (or nereof) on which leave was granted or extended and have taken these into arriving at my decision. |
| Place: | Signature of Government Medical Officer /Civil Surgeon / |
| | Staff Surgeon/Authorized Medical Attendant/Registered |
| | Medical Practitioner along with official seal |
| Date: | Registration No. |